Care Quality Commission

Life and Care Solutions Limited

Right at Home Tyneside

Inspection report

Spaceworks
Benton Park Road
Newcastle upon Tyne
NE7 7LX
Tel: 0191 2236806
Website: www.rightathometyneside.co.uk

Date of inspection visit: 4 June and 15 June 2015
Date of publication: 20/07/2015

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

Overall summary

This was an unannounced inspection which we carried out on 4 and 15 June 2015.

Right at Home Tyneside is a domiciliary care agency providing care and support to people in their own home. The agency provides 24 hour personal care and support to some people with complex support needs. It is registered to deliver personal care.

A manager was in place and they had applied to become registered with Care Quality Commission. 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 who used the service told us they felt safe. They were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice.

Summary of findings

There were sufficient staff employed in small teams to provide consistent and safe care to people.

People received their medicines in a safe way.

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves. They also received other training to meet people's care needs.

Staff helped ensure people who used the service had food and drink to meet their needs. Some people were assisted by staff to cook their own food and other people received meals that had been cooked by staff.

Staff knew people's care and support needs. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

People told us staff were kind, caring and efficient.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the treatment they needed.

A complaints procedure was available and people we spoke with said they knew how to complain, although most people said they had not needed to. Where complaints had been received they had been satisfactorily resolved.

People had the opportunity to give their views about the service. There was regular consultation with staff, people and/or family members and their views were used to improve the service. Comments included, "Right at Home Tyneside has been open, honest, transparent and supportive to the whole family," "I am very satisfied with the care and attention they give" and "I am very pleased with my care."

Regular audits were completed to monitor service provision and to ensure the safety of people who used the service.

Staff said the management team was approachable and communication was effective to ensure staff were kept up to date about any changes in people's care and support needs and the running of the organisation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were kept safe as systems were in place to ensure their safety and well-being at all times. Staffing levels were sufficient to meet people's needs safely and flexibly.

People received their medicines in a safe way.

People were protected from abuse and avoidable harm as staff had received training with regard to safeguarding. Staff said they would be able to identify any instances of possible abuse and would report it if it occurred.

Appropriate checks were carried out before staff began work with people.

Good

Is the service effective?
The service was effective.

Staff had access to training and the provider had a system in place to ensure this was up to date. Staff received regular supervision and appraisals.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment.

Effective communication ensured the necessary information was passed between staff to make sure people received appropriate care. Staff liaised with General Practitioners and other professionals to make sure people's care and treatment needs were met.

People received food and drink to meet their needs and support was provided for people with specialist nutritional needs.

Good

Is the service caring?
The service was caring.

People told us they were happy with the care they received and were well supported by staff. We observed staff supporting people appropriately and with dignity and respect.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care to the person.

Good

Is the service responsive?
The service was responsive.

Staff were knowledgeable about people's needs and wishes. People received support in the way they needed because staff had detailed guidance about how to deliver their care.

People had information to help them complain. Complaints and any action taken were recorded.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The manager was in the process of becoming registered. Staff told us the manager was supportive and could be approached at any time for advice.

Staff said they were aware of their rights and their responsibility to share any concerns about the care provided by the service.

The manager monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

Right at Home Tyneside

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 4 and 15 June 2015 and was unannounced.

The inspection team consisted of an adult social care inspector.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted local authority contracts teams, and local authority safeguarding adults' teams. We were informed by a commissioner there were some contractual issues which were being dealt with at the time of inspection. Other comments we received we used to support our planning of the inspection.

We spoke on the telephone with six people who used the service and one relative. We also visited three people in their own homes to obtain their views on the care and support they received. We spoke with one care manager to gather their views about the service provided. We interviewed six staff members, the registered provider and the manager for the service.

We reviewed a range of documents and records including; four care records for people who used the service, seven records of staff employed by the agency, complaints records, accidents and incident records. We also looked at records of staff meetings and a range of other quality audits and management records.

Good

Is the service safe?

Our findings

People we visited and spoke with on the telephone told us they felt safe when receiving care. Comments from people included, "Yes, I feel safe with the staff from Right at Home Tyneside." "I feel safe in my own home" and "The care staff help me and make me feel safe, I didn't use to feel safe here."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. They were able to tell us about different types of abuse and were aware of potential warning signs. They described when a safe guarding incident would need to be reported. One staff member told us they had reported some concerns to their team leader and registered provider who had dealt with the concerns. We saw they had been addressed appropriately and information had been escalated to the relevant safeguarding authority where they were being dealt with at the time of inspection. Other staff told us they currently had no concerns and would have no problem raising concerns if they had any in the future. They told us, and records confirmed they had completed safeguarding training.

The safeguarding log showed eight alerts had been raised since the last inspection and they had been investigated and resolved.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, for falls and nutrition to keep people safe. These assessments were regularly reviewed to ensure they reflected current risks to the person. They formed part of the person's care plan and there was a clear link between care plans and risk assessments. The risk assessment and care plan both included clear instructions for staff to follow to reduce the chance of harm occurring and at the same time supporting people to take risks to help maintain their independence. Our discussions with staff confirmed that guidance had been followed. Examples included, a person going out independently in the community and for another person remaining on their own overnight.

We spent time during the inspection observing staff care practice. We saw staff had time to chat with and build positive relationships with people, in addition to carrying out other care tasks and duties. People using the service made positive comments about the staff and staff we spoke with told us they thought there were enough staff employed by the service. The registered provider and manager told us staffing levels were based on the individual needs of people who used the service. They gave examples of when they had been able to respond flexibly and provide extra hours and staff cover when emergencies had occurred in the lives of people they supported.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. We were told all incidents were audited by the responsible person at the office and action was taken by the manager as required to help protect people.

People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. Comments from staff members included, "Someone is always on call and available out of hours if you need advice," "The on call person will come out to the house if needed" and "The phone is always answered by on call when the office is closed." A person who used the service said, "I have the number to phone if I ever needed to."

We checked the management of medicines. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and they were sufficiently skilled to help people safely with their medicines. Suitable checks and support were in place to ensure the safety of people who managed their own medicines.

We spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. We had received concerns before the inspection that people were not appropriately recruited but we saw during the inspection that improvements had been made to make the vetting procedure more robust. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions which makes them unsuitable to work with vulnerable people. These had been obtained before people

Good

Is the service safe?

were offered their job. Application forms included full employment histories. Applicants however, had not all completed their application forms at the section to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people. The person responsible for recruitment said they had been recently employed and they were introducing systems to strengthen the vetting procedure and this would be addressed for future applicants. Other improvements included two people from the agency now being involved in interviewing applicants and an interview check list being used for questioning applicants to ensure a fair process was followed and to promote equal opportunities.

Good

Is the service effective?

Our findings

Staff were positive about the opportunities for training. Comments from staff included, "We get loads of training." "The manager is very keen on training." "I feel I have the skills to do my job." "I like to learn." "We do e-learning and face to face training" and "Training is on-going."

Staff told us when they began working at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. Two staff members told us they received a three day induction before they began to work with people to give them information about the agency and training for their role. They said initial training consisted of a mixture of work books, face to face and practical training. The manager told us staff were supported when completing the work books. We saw copies of competency questions people were required to complete after each workbook was completed. The manager also told us two new staff were studying for the new Care Certificate in health and social care as part of their induction training.

The staff training records showed staff were kept up-to-date with safe working practices. The registered provider told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as dementia care, stoma care, palliative care, communication, sign language, basic life support, mental capacity and equality and diversity. Staff we spoke with told us they had completed National Vocational Qualifications (NVQ) at levels two and three, now called the diploma in health and social care.

Staff said they received supervision from the management team, to discuss their work performance and training needs. They commented, "I have supervision regularly, usually every two months." "The manager or team leader does supervisions with us" and "I feel supported by the manager in supervisions. They're not scary but a chance to ask how I should deal with something." Staff told us they could also approach the registered provider, manager and team leaders in the service at any time to discuss any issues.

CQC monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights and they are involved in making their own decisions, wherever possible. Staff were aware of and had received training in the MCA as part of induction. The manager told us a more in depth course with regard to mental capacity was planned to ensure staff had a good understanding of the MCA and best interest decision making, when people were unable to make decisions themselves. The registered provider and manager were aware of where relatives were lawfully acting on behalf of people using the service. Such as where they had a deputy appointed by the Court of Protection to be responsible for decisions with regard to their care and welfare and finances when the person no longer had mental capacity.

People who used the service were involved in developing their care and support plan and identifying the support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'. People told us care workers always asked their permission before acting and checked they were happy with the care the workers were providing. At a home visit we saw a care worker checked the person was happy for them to proceed as they provided support to the person. We saw people's care records contained signed consent forms and care plans and contracts were signed by them or their representatives to keep them involved.

We checked how the staff met people's nutritional needs and found people were assisted to access food and drink appropriately. People told us staff were helpful in ensuring they had plenty to eat and drink. They said they would prepare or heat meals for them. Staff also told us they would support people to make their own meals and snacks in order to promote their independence. One person commented, "I go shopping with staff to get my food" and "I help staff cook my meals." Care plans recorded the nutritional needs of people and how they were to be supported. For example, a care plan for a vegetarian recorded, "I need a lot of protein in my meals." Another stated, "Make sure I don't have the same meal two days in a row."

Good

Is the service effective?

People who used the service were supported by staff to have their healthcare needs met. Staff told us they would contact the person's General Practitioner (GP) if they were worried about them. People told us they had access to other professionals and staff worked closely with them to ensure they received the required care and support. People's care records showed that staff liaised with GPs, occupational therapists, nurses, and other professionals.

The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met. For example, a nurse had been involved to provide training about the use of a Percutaneous Endoscopic Gastrostomy (PEG) to show staff how to feed a person. PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines.

Good

Is the service caring?

Our findings

People we spoke with were appreciative and spoke well of the care provided by staff. They told us staff were kind and caring. Comments included, “The staff are brilliant,” “(Name) is very willing and happy to help me” and “The care workers are very polite, charming and efficient.”

All people we spoke with told us they had received information about the care they were to receive and how the service operated.

People were supported by staff who were warm, kind, caring, considerate and respectful. 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. The manager said they created a staff team to work with each person to help ensure consistency of care for the person. People who used the service were pleased with the care they received. They thought staff seemed knowledgeable about their care needs and family circumstances and knew how to look after them. One person commented, “Staff have been excellent, helping me to get used to them and they’re getting used to me.”

During the home visits we saw care delivered matched the care highlighted in people care records. We saw staff were patient in their interactions with people and took time to listen and observe people’s verbal and non-verbal communication. People were encouraged to make choices about their day to day lives. People we spoke with also said they were fully involved in decision making about their care. They said they were fully aware of their care plans which were kept in their house. They also said they were consulted and offered choices about their daily living requirements. One person commented, “The staff listen to me and what I have to say.”

People’s privacy and dignity was respected. Staff asked people’s permission before carrying out any tasks and consulted them with regard to their support requirements. Staff were aware of the requirement to maintain confidentiality and the need to ensure that personal information was not shared inappropriately. They told us they would always check with managers if they were unsure what they could or could not discuss.

Important information about people’s future care was stored prominently within their care records, for instance where people had made Advance Decisions about their future care. Staff told us relevant people were involved in decisions about a person’s end of life care choices. For example, a person had an end of life care plan in place that had been discussed with the person, their family and the GP.

We observed staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the agency any issues or concerns. This sometimes led to a more formal advocacy arrangement being put in place with external advocacy services. Advocates can present the views for people who are not able to express their wishes.

Good

Is the service responsive?

Our findings

People we spoke with said they were involved in discussions about their care and support needs. Comments included, “We have meetings to discuss how things are going,” “I know about my care plan” and “Someone from the agency came to visit me to tell me about the service before I started to use it.”

Records confirmed that assessments were carried out before people used the service to ensure that staff could meet their needs. Assessments were carried out to identify people’s support needs and they included information about people’s medical conditions and their daily lives. Care 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.

People’s care records were up to date and personal to the individual. They contained information about people’s likes, dislikes and preferred routines. 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. One person said, “The staff are brilliant, they’ll do anything to help me.” A staff member said, “(Name) loves flowers we’re going up to the shops and we’ll buy some.”

Records we looked at showed care plans were in place that reflected the current care and support needs of people. Care plans provided some detail for staff to give care and support to people in the way they preferred. The manager told us new care plans were being introduced that provided more detail and reflected the care provided by the regular staff teams. For example, “I’m prone to motion sickness please ensure I’m facing forward in the direction for travelling.” Another detailed, “I would like you to get me up at 6:45am on the days I go to (Name) centre.” Care workers were involved and contributed to care plans, as they provided the direct care to people and knew how people liked their care to be delivered.

People told us their care was reviewed on a regular basis and could be changed if they needed it to be. They told us they were involved in meetings about their care and support packages. Relatives we spoke with said they were involved in review meetings to discuss their relative’s care needs, and their relative’s care was discussed on an on-going basis. Records showed that regular reviews or meetings took place for people to discuss their care and to ensure their care and support needs were still being met.

Staff told us they kept up to date with people's care needs by reading through care records. They also told us changes in people's care were passed on to them through the agency's office. Staff members commented, “Communication is very good and we are given enough information about people's needs before we start to work with them” and “The office staff work to support you when you’re out on visits.” Staff kept daily progress notes to monitor people’s needs, and evidence what support was provided. These gave a detailed record of people’s wellbeing and outlined what care was provided. Staff also completed a daily handover record, so oncoming staff were aware of people’s immediate needs and forthcoming appointments.

People we spoke with told us they knew how to complain. One person said, ''I’ve no complaints, I couldn’t say anything bad about them” and “If I needed to complain I know how to.'' Another person said," I'm delighted with the care for my relative so I have no need to complain." The agency's complaints policy provided guidance for staff about how to deal with complaints. People also had a copy of the complaints procedure that was available in the information pack they received when they started to use the service. A record of complaints was maintained. One complaint had been received since the last inspection which had been investigated and the necessary action taken.

Good

Is the service well-led?

Our findings

At the time of our inspection the manager was not registered with the Care Quality Commission (CQC) but had applied to become registered.

Staff said they felt well-supported. Comments from staff included, "I love working here." "I'm well supported to do my job, if there's something I need to know I can just ask anytime." "The manager is very approachable but they're strict." "I'm quite happy with the organisation." "I feel well supported by the manager" and "They treat us as human beings."

Staff received a company handbook when they started to work at the service to make them aware of conditions of service.

Staff commented they thought communication was good and they were kept informed. Staff who provided 24 hour support to people told us they received a handover from the staff member at the change of duty. This was to make them aware of any changes and urgent matters for attention with regard to the person's care and support needs. A communication sheet was also used to pass on information and record any actions that needed to be taken by staff in order to ensure the person's well-being. Staff said they would get a phone call from office staff notifying them of any urgent changes with regard to people's rosters.

The manager said office staff had a weekly meeting to ensure the smooth running of the service and a monthly manager's meeting also took place. Areas of discussion included, staff performance, health and safety, safeguarding and support worker duties. Staff told us care team meetings were held, led by team leaders to co-ordinate effective care delivery to people. They discussed communication and training requirements in any areas of care specific to individual people. This showed staff were responsive to people's changing needs, for example, as their dependency changed.

People told us senior staff members called at their homes to check on the work carried out by the care workers. Staff confirmed there were regular spot checks carried out including checks on general care, moving and handling and the safe handling of medicines. We saw copies of spot check documentation in staff's individual files. People also told us they were contacted by the provider, by telephone, or sometimes through a direct visit, to ascertain if they were happy with the service provided and whether they had any issues or concerns they wished to raise.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included; health and safety, infection control, training, care provision, medicines, personnel documentation and care documentation. Audits identified actions that needed to be taken. The annual audit was carried out to monitor the safety and quality of the service provided.

The registered provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were completed annually by staff and people who used the service. We saw some surveys had been completed by people who used the service for 2014. We were told by the registered provider people also submitted comments on line which contributed to the quality assurance processes of the agency. The results were analysed and action taken if required to improve service provision. Comments from people included, "I'm satisfied with the agency" and "If we bring any concerns to the provider's attention they are dealt with."