

Support Direct Limited

# Hanwell Community Centre

## Inspection report

Hanwell Community Centre  
Westcott Crescent  
London  
W7 1PD

Tel: 02085756661

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09 May 2023  
26 July 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hanwell Community Centre (Support Direct Ltd) is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection the service supported 158 people with conditions such as dementia and mobility needs. They also supported some people with a learning disability.

CQC only inspects where people receive personal care and at the time of the inspection 153 people were receiving 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

There were processes in place to safeguard people from abuse. Staff understood safeguarding procedures and how to raise any concerns. Risks to people's safety were assessed and reviewed. People received their medicines as prescribed. Staff were recruited safely and there was enough staff to meet people's needs. Staff wore appropriate Personal Protective Equipment (PPE) such as face masks, disposable gloves, and aprons when supporting people with their care.

Staff were kind and caring. We received positive feedback from people using the service and their relatives. People and relatives were involved in care planning. People knew how to make a complaint and feedback on the service was encouraged through yearly surveys, regular care visits and phone calls to people supported and their relatives.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Rating at last inspection

The last rating for this service was good (published 26 May 2018)

### Why we inspected

This inspection was prompted by a review of the information we held about this service. After our first visit to the service, we received information of concerns regarding the provider's recruitment processes. This prompted a second day of inspection on 26 July 2023. During the second visit we examined those concerns but did not find evidence that people were at risk from these concerns.

This report only covers our findings in relation to the key questions safe, responsive and well led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall

rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

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

#### Follow up

We will continue to monitor information we receive about this service, which will help inform us when we next inspect.

## 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.

### Is the service responsive?

Good ●

The service was responsive .

### Is the service well-led?

Good ●

The service was well led.

# Hanwell Community Centre

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted by 2 inspectors. An Expert by Experience supported the inspection by making phone calls to people who used the service and their relatives to ask for their feedback. 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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

Inspection activity started on 5 May 2023 and ended on 26 July 2023. Two inspectors visited the location's office on 9 May 2023 and one inspector on 26 July 2023.

### What we did before the inspection

We looked at all the information we held about the provider, including notifications of significant events. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We met with the registered manager and nominated individual.

We looked at care records for 15 people who used the service and 33 staff files for recruitment, training, and support records. We looked at other records the provider used for managing the service. As part of the inspection, we spoke with 4 people and 4 relatives, and 8 staff to receive feedback of their experience of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had clear systems in place to protect people from the risk of abuse. There was an up to date safeguarding policy in place to give staff guidance should they need it.
- The provider reported safeguarding incidents to the local authority and CQC when required.
- Staff had safeguarding training and were clear how to recognise abuse and report concerns under safeguarding and whistleblowing procedures. A staff member told us, "We would report any safeguarding issues with the manager and follow up any investigation outcomes."
- People and relatives we spoke to felt the service was safe. One relative said, "I know [person] is very safe, staff are well trained and very respectful."

Assessing risk, safety monitoring and management

- Risks of harm to people's health and wellbeing were assessed prior to using the service. Care records reviewed showed risk management plans had been updated when people's needs had changed.
- There were risk assessments in place that identified potential risks to people's safety and guided staff how to keep people safe from harm.
- People felt safe. One person said, "I feel very happy and safe with the carers."

Staffing and recruitment

- Staff were safely recruited and had undergone the appropriate pre-employment checks to ensure they could safely work with people.
- The provider used an electronic monitoring system which alerted them when staff were running late or if there were any issues. We saw there were discrepancies which indicated staff had attended calls at the wrong time, or not stayed for the agreed length of time. However, the provider had investigated these and found this was due to staff incorrectly using the system and that most people were happy with the timing of their visits. □
- Staff had adequate time to support people according to their needs. One relative told us, "Staff always have time and never rush when talking to [my relative]."
- People told us the care workers usually arrived on time and they knew who was coming. They said they had the same familiar staff.

Using medicines safely

- Medicines were managed and administered safely. There was an up to date medicines policy in place.
- Staff had appropriate training and medicines competency testing to help ensure they were administering medicines safely.

- There was guidance in people's care plans instructing staff how people preferred to take their medicines. For example, if someone required full or prompted support with administration of their medicines. The provider used a medicines support tool, to ensure people had the correct level of support with their medicines when they started using the service.
- The provider carried out monthly audits on the management of medicines. This meant that the provider could pick up on errors and concerns and address them in a timely manner.

#### Preventing and controlling infection

- People were protected from the risk of infection as the provider had clear systems in place to help prevent and control infection.
- Staff received training in the prevention and control of infection.
- People told us staff followed good infection control procedures. This included wearing personal protective equipment (PPE) such as gloves and masks when supporting them.

#### Learning lessons when things go wrong

- There were systems for learning when things went wrong. The staff recorded incidents, accidents and any concerns. They were in regular contact with the management team to discuss these and we saw prompt action had been taken to make sure people were supported when they became unwell or their needs changed.
- Staff were aware of reporting procedures for incidents and accidents that had occurred. which meant the registered manager was quickly aware of incidents, could investigate and take preventive action in a timely manner.



# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People and their relatives were involved in planning care to ensure this met people's individual needs.
- Care supervisors checked that people were happy with the care provided and whether there were any changing needs during regular planned visits or phone calls.
- Staff told us they had time to read the care plans information and it helped them to deliver the care people needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The provider supported some people to take part in activities outside of their home, where this was part of their care package. These included supporting people to visit local parks and places of worship.
- Some people were supported to make use of the local community. People were happy with this support and felt it met their individual needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, planned, and met. The details of people communication needs were outlined in their support plans. A person who used hearing aids was supported to charge these overnight and was prompted to put them on each day as part of their support.
- Staff spoke different languages which facilitated some people speaking in their preferred language.

Improving care quality in response to complaints or concerns

- The provider had a system in place to manage complaints and respond appropriately to complaints received.
- People and relatives told us they felt confident if they had to make a complaint they would be listened to, and the complaint would be addressed. No recent complaints had been made.
- The registered manager told us there had been no complaints made in the last 12 months, but if they had a concern or complaint they would investigate and follow their complaints policy.

End of life care and support

- The provider had an end of life policy and procedure in place. Staff had training in end of life care. At the time of the inspection there was no one receiving end of life care.
- The provider told us they would ask for support from healthcare professionals should they need to care for a person who require end of life care to ensure they received responsive care.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture. People using the service and staff felt valued and listened to. Some of the comments included, "Communication is very good with the manager, each person gets a phone call on a regular basis from himself asking if the company can improve in anyway, "I know he is very safe, the carers seem very well trained, they are all so kind and respectful to both him and me".
- People achieved good outcomes from their care. All people, relatives, and staff we spoke with praised the caring, inclusive and approachable management team.
- The service received positive feedback from people, relatives and staff through home visits, yearly surveys, and supervision.
- Where necessary, the service had been flexible and made changes to people's planned care in response to changing needs and requests from the person.
- One person said, "The company is very good, and I couldn't ask for any more from them at all. When my regular carer was going on holiday the best bit was the other carer came for a few visits to introduce themselves and see what support I needed."
- Peoples protected characteristics and diverse needs were taken into consideration during the assessment process. Staff received equality and diversity training. This gave them the skills and knowledge to ensure people were not discriminated against.

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. They had notified CQC and other relevant agencies when things went wrong.
- The provider submitted notifications to CQC and informed other relevant agencies such as the local safeguarding teams when alerts were made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People said the manager was approachable. One relative said, "I speak to the manager regularly as he rings to see if everything is ok for us."
- The registered manager sought feedback from people and their relatives with regular telephone monitoring calls to people supported, spot checks on staff and carried out a yearly satisfaction survey. They

used the feedback to improve the service.

- Regular team meetings were held, and staff had up to date training. This meant staff had the knowledge and support to carry out their role effectively.
- Staff members told us they had regular meetings with the managers and where improvements were made, they were informed and supported to understand these.

Working in partnership with others

- The registered manager worked in partnership with other health and social care professionals to ensure people's needs were assessed and met.
- The registered manager was involved in local authority managers meetings, which aimed to keep managers up to date with developments in the sector and to help improve care services in the local area.