

Hendon Community Care Centre Limited

Hendon Community Care Centre Limited

Inspection report

2 Mary Street
Sunderland
Tyne and Wear
SR1 3NH

Tel: 01915658505

Date of inspection visit:
24 February 2016
25 February 2016
02 March 2016

Date of publication:
06 May 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We carried out an inspection of Hendon Community Care Centre on 24 and 25 February and 2 March 2016.

The last inspection of this service was carried out on 3 February 2014. The service met the regulations we inspected against at that time.

Hendon Community Care Centre is a domiciliary care agency. It is operated by a not-for-profit community business that was established in 1998. At the time of this inspection it provided a care service to around 80 people who lived in Sunderland. Care visits were no less than 30 minutes and some people received several visits each week. The agency also provided companionship visits and occasional overnight support to allow people to remain in their own homes.

The agency had a registered manager. 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.

During this inspection we found the agency had breached a regulation relating to medicines management. This was because some people's medicines records were inaccurate or incomplete. This meant it was not clear if people were supported with their medicines in a safe way. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe and comfortable with the care workers who visited them. For example, one person told us, "I feel very safe with them and more important I trust them completely." Staff had completed training in safeguarding adults and they knew how to report any concerns. There had been no safeguarding concerns about this service in over a year.

There were enough staff employed to carry out all the visits that were required, and the agency constantly recruited new members of staff. The agency made sure each staff member was fully checked before starting to work with people.

Most people had regular teams of care staff and this made them feel confident in the staff that supported them. The people and relatives we spoke with felt the care workers were "capable" and provided the right support. Staff said they received good training and were supported in their roles. One staff member told us, "We're forever doing training, and it makes me feel confident in what I'm doing."

People who needed support with meals told us they were in control of what they had and how it was prepared. Staff liaised with other care or health services if there were changes in people's needs.

All the people we spoke with described the care workers and agency staff as "very caring", "kind" and

"helpful". People said they looked forward to the visits from care workers. A relative described how their family member responded positively to the care workers. They told us, "They make her laugh with their happy banter. She enjoys their visits."

A relative told us, "They are so very caring. They are very aware of my [family member's] feelings at all times while they are caring for them." One person said they received an "excellent service and care". People told us that the agency staff treated them with dignity and respect.

People felt they were fully involved in making decisions about their care package. The care records were kept in people's own homes so they and their care workers could refer to them at any time. People and their relatives said they received a personalised service that met their individual needs, even when these were complex and progressively changing.

The agency provided people with clear information about the service they should expect and details of how to make a complaint. There had been no formal complaints for some time and people said any informal comments were listened to and resolved.

People, relatives and staff said the agency was well managed. They described the registered manager as "very approachable" and "supportive". The agency promoted a friendly, open culture where staff could give their views openly and honestly. The registered manager carried out regular checks to monitor the quality and safety of the service.

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 not always safe. Medicine administration records were not completed properly by care staff so it was not possible to tell if someone had their medicines or not.

People said they felt safe and comfortable with the care staff who visited them. Staff had training in safeguarding and were aware of the procedures to follow to report abuse.

There were effective recruitment and selection procedures in place to make sure staff were vetted before they started working for the agency.

Requires Improvement 

Is the service effective?

The service was effective. Staff had suitable training and supervision to provide the right care for people who used the service.

People who needed assistance with meals said the staff managed this in the way they wanted.

Staff worked with health and social care professionals to make sure people's health was maintained.

Good 

Is the service caring?

The service was caring. People and relatives said care workers were kind, caring and helpful.

People told us the agency staff treated them with dignity and respect.

Staff were described as "going the extra mile" and supported people at their own pace.

Good 

Is the service responsive?

The service was responsive. People received personalised care. Staff adapted their support as people's needs changed.

Staff understood what was important to each person as an

Good 

individual and how they liked to be assisted.

People and their relatives had information about how to make a complaint.

Is the service well-led?

Good ●

The service was well led. People, relatives and staff said the agency was well managed.

The registered manager and directors had been in post for many years. Staff said they were approachable and supportive.

The provider regularly checked the quality and safety of the care service.

Hendon Community Care Centre Limited

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 and 25 February and 2 March 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection was carried out by an adult social care inspector and an expert by experience.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with other information about any incidents we held about the home. We contacted the commissioners of the service, social workers and the local Healthwatch group to obtain their views. (Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.) None of the officers we contacted had any concerns about the service provided by this agency.

During the inspection we spoke with 10 people and three relatives. We also received questionnaire responses from seven people and two relatives. We spoke with the two directors of the agency (one of whom was the registered manager), a risk assessment and monitoring officer, two supervisors and three care workers. We viewed a range of records about people's care and how the agency was managed. These included the care and medicines records of six people, the recruitment records of eight staff members, training records and quality monitoring records.

Is the service safe?

Our findings

Medicines were not always managed in a safe or consistent way. The medicine administration records (MARs) were not clear and were not completed properly by care workers. For example we found several gaps in some people's MARs where it was not possible to tell if someone had been provided with their medicines or not. Also the format of the MARs did not always allow staff to record whether 'as required' medicines had been given.

Where people were prescribed a variable dose (such as one or two painkillers) there was no record on the MARs to show how many a person had taken. Care staff were using inconsistent 'codes' used to denote whether a person had been supported with 'when required' prescribed creams and ointments. Also some care staff had used the codes but not signed their initials, as required.

Medicines administration records were printed out for each month. If people had any changes to their medicines during the month, for instance a newly prescribed medicine, this was simply handwritten on the side of the MARs with no starting date. This meant it was not possible to tell when or whether the new medicine was being given.

In discussions the risk assessment and monitoring officer acknowledged that recording errors on MARs were a challenge for the agency and had begun to design a new record. The provider accepted that action had to be taken to ensure safe, consistent practice when dealing with people's medicines.

These matters were in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a comprehensive medicines policy and procedure that set out the arrangements for supporting people with managing their medicines, where this was applicable. People were involved in assessments and agreements about the level of support, if any, they required with medicines. Where people needed support with medicines, the agency recorded the assessed level of support they required. For example, whether someone needed a simple verbal reminder to take their medicines (prompt), physical assistance only (assistance) or whether they needed full support to take their medicines (administered).

People told us they felt safe and comfortable with their care workers. Some people had used this agency for several years. One person commented, "I feel very safe with them and more important I trust them completely." Another person told us they were very happy with their care worker. They said, "I don't know what I would do without her."

A relative told us they were very happy with the safety of their family member when the care workers looked after him. They told us, "I have no concerns over their safety with the carers, they are very professional people."

Staff told us, and records confirmed, that they had completed training in safeguarding vulnerable adults as

part of their induction training and then at regular intervals. Staff were able to describe the procedures for reporting any potential safeguarding incidents and felt confident about doing this. The agency had a clear safeguarding policy that was in line with the local authority safeguarding procedures. The policy was kept in the office and was accessible to staff each week when they visited to collect equipment. One staff member commented, "This service is safe for people and it's also safe for staff to work."

There had been no safeguarding incidents at this agency for over a year. The registered manager described how he had reported one concern about a person at potential risk to the local authority safeguarding team. Although this had not subsequently progressed as a safeguarding investigation, it was clear the registered manager had taken the right action to protect the person. The commissioners and social workers we spoke with said they had no concerns about this agency.

The agency employed a risk assessment and monitoring officer who was responsible for carrying out an assessment of people's care needs before their care package started. This included an assessment of the safety of the person's home and equipment, and any potential risks relating to falls, medicines, skin care and nutrition. The risk assessments were regularly checked to make sure they were still relevant. We did note that one person's mobility needs had deteriorated but this had not been updated in their moving and assisting assessment. The risk assessment officer agreed to update this immediately.

Any accidents or incidents that occurred during the delivery of care were reported by care workers to the office staff so that these could be logged on the agency's computer system. In this way these events could be checked for any trends or required action by the registered manager. The registered manager described accidents and incidents as "few and far between" so this made them all the more apparent when they occurred. For example, a person reported to their care workers that they had fallen twice in one month. The care workers found that a carpet had become rucked so arranged for a carpet fitter to fix this on behalf of the person.

The assessment of people's individual needs meant the agency could identify how much support they required and at what times of the day, so that the correct staffing could be put in place. The assessment included a review of people's mobility and whether they required two staff to support them with mobility equipment. This meant the agency tried to make sure the correct number of care workers would be available to carry out care.

People felt there must be sufficient staffing because they got the right support at the right times. One person commented, "I can't fault them, they are always there when I need them." Another person who received several visits a day told us, "They are very good, and they always stay for the full time allocated."

The agency divided the care work into four areas of the city (that is, north, south, east and west). This allowed supervisors to arrange staff into teams that covered those four geographical areas. Each member of staff received a weekly rota that listed the calls and visit times they had to make. People who used the service also received rotas that outlined which care staff would visit them at which times. On occasions, due to unforeseen sickness or emergency cover, there were changes to these planned rotas. One person said it would be better if they were informed about any changes to the planned rota.

Most people said they were satisfied with the continuity of care staff provided by the agency. For example, one person said they could not see properly so it was important that they always had the same care workers so they knew who had arrived in their house and were not letting a stranger into their home. The person was happy that they always received the same care staff. One person felt they got different care workers every time but also said they were satisfied with the service.

The agency's human resources director described how recruitment was a continuous event as there were always new care packages to be covered and a regular turnover of staff. We viewed the personnel records of eight care workers. Recruitment practices were thorough and included applications, interviews and references from previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the agency had checks in place to make sure that staff were suitable to work with vulnerable people.

It was good practice that the agency sought the views of people, relatives and other staff when carrying out a six month probationary review of new staff members. Those views were taken into account when deciding whether a new staff member was suitable to continue in their role.

Is the service effective?

Our findings

People and relatives told us the agency staff were competent and good at their jobs. They said care staff were skilled at meeting their individual care needs. One person commented, "They do all that I require, they are very capable and pleasant people." A relative told us they were "totally happy with the care [my family member] receives".

Staff told us, and training records confirmed, they had very good opportunities for training. One staff member commented, "We get loads of training, but it's all good." Another staff said, "We're forever doing training, and it makes me feel confident in what I'm doing."

The agency's human resources director was a trained trainer in the mandatory training areas such as health and safety, moving and assisting and food safety. Training also included the principles of person-centred care and dignity in home care. The training provided for new staff was in line with the new requirements of the care certificate (a national qualification for care workers).

New staff completed over a week of comprehensive induction training and then began working towards the new care certificate. The induction training included mandatory training in principles of care and health and safety before new staff members could start working at the service. The training was provided at the agency office. This meant staff could complete practical, classroom-based training, for example in moving and assisting.

All the staff we spoke with confirmed they had regular supervision and reviews of their performance. This gave them the opportunity to discuss any issues about work, any training needs, and any refresher training that was due. We saw the supervision records included one-to-one sessions and spot checks by a line supervisor. Each member of staff also had an annual appraisal of their performance by the human resources director.

New members of staff had monitoring supervisions after one month, three months and six months. Supervision record showed how the new staff member was progressing and whether they required further training or support.

People and their relatives told us their care workers were "very reliable". People were satisfied that their calls were carried out at the planned times. All the people we spoke with said the care workers arrived on time, or were occasionally only late by a few minutes. One person who required two care workers to carry out their support said they were pleased with the arrangements. They told us that the care workers waited outside the house until they were both there before they came in.

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.

The registered manager said that, where necessary, mental capacity assessments would be carried out by the local authority if people appeared to have difficulty making some decisions. These assessments would be used to establish if people were able to make decisions about their care and health needs. In such cases arrangements would be made for health and social care professionals and a relative or advocate to make decisions in their 'best interest'.

People told us they were asked for their permission before care staff carried out care and support, for example when supported with medicines. People's capacity to be involved in their own care planning was evident in their care records. People had been involved in risk assessments and care plans where they were able to show their agreement and consent to the agreed support.

People were assessed about whether they needed assistance with nutrition. Where people needed assistance with nutrition they were supported with making meals as part of their individual care package. Care workers completed daily notes which included what people had eaten.

People who required assistance with meals were satisfied with the support they received. They told us the care workers always asked what they would like to eat then prepared it for them. One person commented, "I can decide what I want, and they ask me what I fancy. Then they clean the kitchen up after themselves."

People told us their care workers would help them with arranging health care appointments if necessary. Care workers were aware that they needed to alert the office if a person appeared to be ill, or not eating or drinking appropriately, so that the family and care professionals could be informed. For example we saw recorded examples where care staff had noted a person's skin condition was deteriorating and they contacted the district nurse about this.

Some people had significant care packages that included several visits every day. It was evident from care records that their care workers were involved in liaising with other health and social care professionals about the person's health and well-being. A social work manager told us the feedback from their team about this agency was "always positive".

Is the service caring?

Our findings

The people and relative we spoke with said the care workers were "very kind" and "caring". They said the care staff got on well with their family member, made the visits an enjoyable experience and made their family member laugh. The relative said, "They do just the right things, they bring some sunshine into [my family member's] life, and they go beyond what they are supposed to do."

People said they looked forward to the visits from care workers. One person said they were very happy with the care they received and said, "If she didn't come I don't know what I would do without her." A relative described how their family member responded positively to the care workers. They told us, "They make her laugh with their happy banter. She enjoys their visits."

There was a genuine connection between the people and the care staff they were familiar with. One relative commented, "They are lovely people, they are local and I know them all." One person told us how care staff were very busy, but always took the time to talk with them while they were working. Some people described how the care staff made them feel connected to their community, and how staff kept them up to date with things happening in their neighbourhood.

A relative told us, "They are so very caring. They are very aware of my [family member's] feelings at all times while they are caring for them." All the people and relatives we spoke with made positive comments about their care. One person said they received an "excellent service and care".

People told us that the agency staff treated them with dignity and respect. One person commented about their care worker, "She is respectful towards my age and circumstance. She doesn't boss me around, or tell me what to do." Another person said, "They treat me with dignity and compassion and they are very understanding."

A relative told us how pleased they were with the way care staff looked after their family member. They said care staff were always conscious of the person's privacy, dignity and comfort, making sure blinds and doors were closed when assisting them with personal care. Another relative described how care staff were always professional and confidential in their conduct.

One person said they would have preferred a male care worker to support them, although they had no complaints about the female care staff. They told us, "They are all very kind and caring towards me. But I would prefer to have a male carer, even just occasionally would be nice." However there were no male care workers working for the agency at that time.

People told us they were treated with patience and staff assisted them in an unhurried way. One relative described how their family member had needs that meant sometimes it took longer to support them, for instance with washing and bathing. The relative said, "The carers never get stressed or rush [my family member], and staff will stay until they are washed and dressed. They won't leave until they are sure [my family member] is happy and comfortable."

People and relatives commented that care staff often went the extra mile to support them. One person told us, "The care staff have got it just right and often go beyond what is expected of them." A relative commented, "During a time when [my family member] was in hospital, the carers visited them in their own time, on more than one occasion."

In discussions, care workers were positive about their work and the caring nature of their colleagues. Staff spoke about the people they cared for in a valuing and warm way. One care worker told us, "I know we're not supposed to get attached to the people we support – but you can't help it when you care for them." One staff member commented, "I can honestly say this company has very caring staff. I do double ups with other staff and they are all lovely to people."

Is the service responsive?

Our findings

People we spoke with felt they received a personalised service that met their individual needs. They told us the care staff were familiar with their needs. For example one person told us, "It's the little things they do that mean so much. They always remember to put a glass of cold water in my bedroom because they know I like a drink overnight."

One relative explained that their family member had specific individual needs which were changing due to a deterioration in their long-term condition. They described how the agency provided regular care staff and how those staff adapted their support as the person's needs changed. The relative told us, "The carers are very understanding of [my family member's] needs, and they work with me to make sure [my family member] is comfortable."

Another relative said that their family member had some special requirements and needed continuity of care. The relatives told us that any new care workers were always brought to the house to meet with the person. The new staff member then shadowed the original care worker first so the person could get to know them. This meant the new care workers could also learn how the person liked to be supported and also how to use the person's specialist equipment.

In a questionnaire response one relative wrote, "They are extremely helpful in suspending and reintroducing care when unexpected situations arise such as emergency hospital admissions. They recently responded quickly and carefully to our need to extend [my family member's] care package and this undoubtedly helped our family to manage a very challenging and difficult period. They have responded diligently and flexibly to [my family member's] recently changing needs and their input to [my family member's] physical and emotional wellbeing is invaluable and is greatly appreciated."

Staff told us they felt they provided a personalised service to each person and were able to adapt the way they supported each person. One care worker told us, "It's individualised care and each person has different needs and different abilities. We try to find the best solutions for each person."

People had their own copy of their assessments and care plans in their own homes so they, relatives and staff members could refer to them at any time. We saw that a daily programme of care (called 'My Daily Routine') was designed around the times and support tasks that each person needed. The care tasks could include support with dressing, washing, mobility, meals and medication.

People felt they had control over how their care service was provided. All the people we spoke with said their care plan was reviewed regularly, and they were involved in any changes to their plan. One relative commented that management staff called annually to review the care plan. They said the agency always took on board what they said so they felt fully involved in the reviews.

People had detailed written information about the service in an information booklet called a service users' guide. This included details about what they should expect from the service and how to make a complaint if

they were unhappy. The complaints information included the timescales for receiving a response and about actions to resolve them.

The people we spoke with said they knew how to make a complaint, although few had done so. For instance, one person told us, "They are just really good, never had any problems and no complaints in ten years." Other people comments included, "I have no need to complain" and "pleased to say I have not had to make a complaint".

The registered manager recorded any comments or complaints on the computer-based system. This allowed the agency to identify any trends. There had been only a small number of informal complaints made by a person who used the service over the past year. These related to the timekeeping of one member of staff. The agency had changed the care worker for that person and taken supervisory action with the care worker and this had resolved the situation. There had been no formal complaints about this service since the last inspection.

Is the service well-led?

Our findings

People and relatives commented positively on the way the agency was managed. All the people we spoke with said all the agency staff were helpful and caring. One relative thought the office was "a bit disorganised" but overall felt the agency seemed to be well managed. One person told us "I would highly recommend the company for anyone needing care. They are safe, trustworthy and never do or say anything out of turn."

People felt they had opportunities to comment on the service either informally by telephone calls and during reviews. One relative said they felt comfortable when talking to the management about the service their family member received. The relative told us the managers listened, understood and tried to accommodate anything they suggested. Another relative commented, "I cannot recall whether or not I have been asked to offer formal feedback but any comments I have raised have always been addressed."

The registered manager was also a founding director of the company. He had been registered with the CQC for many years. All the staff we spoke with described the registered manager and other director as "understanding" and "very supportive". One care worker told us, "I could talk to [the directors] about anything." Another care worker commented, "If you've got any family issues they give you time off to sort it." One staff member commented, "All the office staff are lovely, really supportive."

Staff told us there was a friendly, open culture within the organisation. One care worker told us, "I can share my views honestly and I feel listened to." None of the staff we spoke with could think of any improvements to the agency or the service people received. There were no formal staff meetings but all the staff we spoke with felt they were kept informed and could give their views about the service at any time. Staff said they could make suggestions about the service during their supervisions and appraisals, and informally every week when they visited the office.

Staff received a handbook when they started work which included the agency's standards of care, code of conduct and clear definitions of their roles and responsibilities. Information memos were sent out to each staff member with their weekly rota which reminded staff of the organisational expectations, for instance about covering calls and completing timesheets.

Supervisors carried out six monthly 'spot checks' of individual members of staff to make sure they were carrying out support tasks in the right way and were treating people with dignity. The outcomes of the checks were recorded.

Staff clearly enjoyed their role and said they enjoyed working for this agency. One staff member commented, "All the clients say how much they like this agency and that makes me really happy to work here." Other staff commented, "I'm really glad I came to work here" and "I have worked in other care settings and would not want to leave this agency".

The registered manager used a computer-based system to record any events that needed to be monitored for action and outcome, for example incidents, accidents and complaints. The registered manager also

carried out quality monitoring checks of care records. The checks meant that each person's care records were monitored at least once a year by the registered manager, at least once a year by the risk assessment and monitoring officer and more often if people's needs changed. We saw examples where the registered manager had identified areas for improvement in the care records and these had been actioned and re-checked. In this way the agency had systems for monitoring the quality and safety of the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with unsafe or unsuitable management of medicines. Regulation 12(2)(g)