

Hetton Home Care Services

Hetton Home Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 29 January 2016 and 16 February 2016 and was announced. We last inspected the service on 2 January 2014 and found the registered provider met the regulations we inspected against.

Hetton Home Care Services provides domiciliary care and support to people in their own homes. At the time of our inspection the service provided support to over 400 people.

The service 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.

The registered provider had breached regulation 12 of the Health and Social Care Act 2008. This was because medicines records did not accurately account for the medicines administered to people and some medicines records were inaccurate. Staff did not always supervise people to make sure they took their prescribed medicines. Medicines audits were inconsistent and did not always evidence that action had been taken to investigate gaps in records.

You can see what action we told the provider to take at the back of the full version of the report.

People said they were very happy with the care and support they received. They told us they were treated with dignity and respect from kind, caring and considerate staff. One person told us, "I am certainly well cared for. I can't fault anything. To me they are a really caring company. I mean it from the heart." Another person commented, "The way the carers approach things makes a big difference to make me feel comfortable. I consider I am fortunate in having the carers. It is like having family do things for you and to feel at ease and happy in your own home. I feel comfortable enough to have a conversation with them." Staff supported people to maintain as much of their independence as possible.

People told us they felt safe receiving care from the service. One person said, "I feel perfectly safe and happy with them and comfortable. I can ring the office if there are problems and there is always somebody there." Potential risks had been identified and assessed to help keep people safe.

Staff showed a good understanding of safeguarding adults and the registered provider's whistle blowing procedure, including how to report concerns.

People told us staff were consistent and reliable. One person told us, "I have the same carers, except holiday times. I get used to the regular ones and that makes a difference. They are a really well organised company. They are always prompt." Staff were recruited in line with the registered provider's recruitment and selection procedure which included requesting and receiving references and checks with the Disclosure and Barring Service (DBS).

Staff members were well supported and received the training they needed to support people. Staff had regular one to one time with their line manager to discuss their training and development.

People were asked to give their consent before staff provided care or support. One person said, "They always ask what you want." Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and knew how to support people with making day to day decisions including meal choices. One staff member said, "We give choices and guidance, I show objects rather than tell [the person]."

People were involved in planning their care and support. One person said, "The office come and go over things. [Staff member] comes every so often and goes over things with you. If there are any changes or anything." They said the registered provider tried to accommodate the changes they requested.

People's needs had been assessed and personalised care plans developed. Care plans provided staff with information about how people wanted their care provided and details of people's preferences.

People we spoke with did not raise any concerns with us. One person said, "I haven't any complaints at all. If there was anything I felt wasn't right I know I could discuss it with the office. I admire the work they do." There were systems in place to log and investigate complaints.

The registered manager had not submitted some statutory notifications to the Care Quality Commission. Staff felt able to give their views and ideas about the service at any time.

Unannounced spot checks and monitoring visits were carried out to check the quality of people's care.

The registered provider consulted with people to gather their views about the service. During the last consultation people had given mostly positive feedback.

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. Medicines records did not accurately evidence the medicines administered to people. Staff did not always make sure people took their prescribed medicines.

People told us they felt safe. Risk assessments had been carried out to help keep people safe.

Staff showed a good understanding of safeguarding adults and whistle blowing procedure. Staff also knew how to report concerns.

People said they were supported by consistent and reliable staff. Recruitment checks were carried out before new staff started working with people.

Requires Improvement ●

Is the service effective?

The service was effective. Staff were well trained and supported. Training and supervisions were up to date.

People received the care and support they had consented to. The registered provider followed the requirements of the Mental Capacity Act 2005 (MCA).

People were supported to make meal choices based on their preferences.

Good ●

Is the service caring?

The service was caring. People told us they were happy with the care and support they received. They gave us consistently good feedback.

People also told us staff were kind and treated them with dignity and respect.

People were supported to be in control and promote their independence.

Good ●

Is the service responsive?

Good ●

The service was responsive. People's needs had been assessed both before and shortly after they started receiving support.

People were involved in developing personalised care plans.

People did not raise any complaints with us about their support. Complaints were investigated and resolved in line with the registered provider's complaint procedure.

Is the service well-led?

The service was not always well led. Some statutory notifications had not been submitted to the Care Quality Commission. There was no evidence that medicines records were audited. The service had a registered manager.

There were opportunities for people and staff to give their views about the service. People had given positive feedback during the last consultation carried out.

Unannounced spot checks and monitoring visits were carried out.

Requires Improvement ●

Hetton Home Care Services

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.

The inspection took place on 29 January 2016 and 16 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.'

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

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the clinical commission group (CCG).

We spoke with ten people who used the service. We also spoke with the registered manager and three care workers. We looked at the care records for six people who used the service, medicines records for four people and recruitment records for five staff.

Is the service safe?

Our findings

Medicines were not always managed safely as the registered provider could not accurately account for the medicines staff administered to people. Medicines were administered from a managed dosage system. The registered provider used a 'medication assistance record' to the medicines administered. However, this did not provide adequate information to determine which medicines had actually been given. The 'medication assistance record' prompted staff to record the date of administration, whether medicines had been given (yes or no), the time, a signature and a reason if they were not taken. Staff members did not record the details of the individual medicines given. We found also found gaps in the 'medication assistance record' for both people whose records we viewed. There was no evidence available to confirm these gaps had been investigated to identify whether people had received these medicines.

Some people were at risk of not receiving their prescribed medicines safely and in a timely manner. Daily logs showed staff did not always supervise the administration of medicines for people. The registered provider had assessed some people as requiring support from staff to take their medicines. One person's care plan we viewed stated they required support to take their medicines. We viewed the person's daily logs and saw records of staff leaving medicines out for people to take themselves later in the day. Current guidance advises that in domiciliary care settings medicine doses can be left out for the person to take at a later time, if it has been agreed with the person and it is in their care plan. We found no record of this arrangement in the person's care plan. We also found a risk assessment had not been carried out to check this arrangement was safe for the person.

Some medicines records were inaccurate and contained conflicting information. For example, on one occasion staff had recorded at 7.45am 'inhaler and meds'. At the next visit at 1pm staff had recorded 'morning meds just taken at 12am.' We were unable to establish what medicines had been taken at each visit and which medicines had been taken late. Another person's care plan stated they required full support from staff with taking their medicines. However, daily logs consistently referred to staff giving prompts only. For another person their care plan stated the person needed medicine prompts three times a day. However, the 'medication assistance record' showed a variable numbers of prompts each visit, sometimes more than three and sometimes less.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider provided us with details of the action they planned to take to improve the quality of medicines records. This included a new MAR chart, detailed guidance for staff and an improved medicines audit system. However, it was too early to assess how effective the measures will be in ensuring sustained improvement to the management of medicines.

People said they felt safe receiving care and support from Hetton Home Care. One person said, "I feel perfectly safe and happy with them and comfortable. I can ring the office if there are problems and there is always somebody there." Another person told us, "I have no concerns about safety." A third person

commented, "Everything is safe with them, brilliant."

Staff told us they felt people were safe. One staff member said, "Definitely, we are well trained in all safety aspects. If new equipment goes in we meet with the OT (occupational therapist) and supervisors learn with us." Another staff member said, "Safe, yes we look after them well."

Potential risks were identified and assessed to help keep people safe. A risk assessment was carried out in respect of each person using the service. The assessment considered access to the person's home, health and safety features within the home and risks to the person. Other assessments such as a moving and handling assessment were carried out if required.

Staff showed a good understanding of safeguarding adults, including how to report concerns. They could tell us about the various types of abuse and potential warning signs to look out for. For example changes in people's usual behaviour. Staff were required to complete safeguarding training as part of their mandatory training. One staff member said, we do refresher training every year."

Staff were also aware of the registered provider's whistle blowing procedure. Staff we spoke with said they had not used the procedure but felt concerns would be dealt with correctly. One staff member commented, "They would take it seriously."

People received their care from a consistent and reliable staff team. One person told us, "I have the same carers, except holiday times. I get used to the regular ones and that makes a difference. They are a really well organised company. They are always prompt." Another person commented, "Very reliable, no complaints with [staff member]. All very reliable. The beauty of having the same carers coming is they get to know where things are in the house. There has always been the same three carers." A third person said, "I tend to see the same staff 90% of the time. The odd time [staff member] has been late because someone is in trouble. If [staff member] is going to be very late they always let me know." A fourth person said, "If they are going to be late they tell me the day before. I have the same group of carers." Staff confirmed they had travelling time built into their rota so they did not "have to leave early or arrive late." Another staff member said, "They give us the time to get to the next one."

The registered provider had effective systems to ensure newly recruited staff were suitable to work with vulnerable adults. We viewed the recruitment records for five recently recruited staff. These showed a range of pre-employment checks had been carried out, including requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

Is the service effective?

Our findings

Staff members were well supported to carry out their role. One staff member said, "Excellent support, I can come into the office anytime. They are quite relaxed I can come in for a cup of coffee and talk to the supervisors. They are very good if I have any problems. They are dealt with straightaway." Records confirmed staff received regular one to one supervision and an appraisal.

People received care and support from knowledgeable and experienced staff. One person said, "They are obviously well trained. They have a wide range of knowledge actually." Another person said, "Staff know exactly what to do." A third person said, "They definitely know what to do." Staff were required to complete particular training which the registered provider had specified as mandatory for all staff. This included health and safety, first aid, moving and assisting, infection control and fire. Records confirmed training was up to date at the time of our inspection.

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. Staff we spoke with showed a good understanding of MCA. They were able to describe when MCA applied to the people they supported. Staff also described how they would support people to make their own day to day decisions. One staff member said, "We give choices and guidance, I show objects rather than tell [the person]."

People were asked for their consent before receiving care and support from staff. One person said, "They always ask what you want." Another person said, "I tell [staff member] what to do. I am in charge." Staff confirmed they always asked first before providing care. They check whether things are alright. They ask is there anything else I can do before I go. Little things like that are important." Another person said, "They do what I want them to do." One staff member said "I ask them first. I know my clients would feel comfortable enough to talk to me. They would say I don't want it this way." A third person said, "As soon as they come in they want to know what they can do for me. They always ask can they do it first." Staff also said they would respect a person's right to refuse. One staff member said if a person refused they would "ask them again later or offer alternatives first". They went on to say, "It is their [the person's] choice."

People who required support with nutrition had care plans which detailed the support they needed. This included guidance for staff about people's preferences, such as how they liked their tea made. The support plan also advised staff to allow people to make their own choices about what they would like to eat and drink. Staff we spoke with described how they helped people make meal choices through offering choices based on what they knew people liked.

Is the service caring?

Our findings

People gave us consistently positive feedback about the good care they received from the service. One person told us, "I am certainly well cared for. I can't fault anything. To me they are a really caring company. I mean it from the heart." Another person said, "I think the service is very good. I can recommend Hetton to anybody. I think they are very good." A third person commented, "I am well cared for. They treat me just like they would treat their mother."

People said the staff were kind, caring and considerate and gave them the time they needed. One person commented, "The way the carers approach things makes a big difference to make me feel comfortable. I consider I am fortunate in having the carers. It is like having family do things for you and to feel at ease and happy in your own home. I feel comfortable enough to have a conversation with them." Another person said, "They treat me as a relative. Very kind, very considerate." A third person told us, "Staff always have a bit of chat, they are happy to stay over. There is no rushing at all. The three of them [staff members] are lovely." A fourth person said, "I couldn't ask for better people. They are more like friends to me than carers. I am always pleased to see them."

Staff took time to ensure people's wellbeing was prioritised. One person said, "[Staff were] really caring, I am fortunate, nothing is a problem. I look forward to them coming, I look forward to seeing them. They make such a difference to my life, to my day." They went on to tell us about a time when they needed additional support from staff to help them deal with a situation. They commented, "I had a problem once and staff had to stay a bit longer. The carer kept calm and kept me calm. She just dealt with the situation. She stayed with me until help came." Another person told us, "If I am down in the dumps, they brighten me up. I am champion after that."

People were supported to remain as independent as possible and to be in control. One person told us, "If staff know the routine they will get on with it but they ask if I want anything different. They ask if they can do anything today that is different and ask if I want to change anything." They went on to say, "They have just helped with life as I get older to be much happier and easier to cope with situations. Daily life itself." Another person said, "They don't just come and takeover. They know I like to do it myself." Staff described to us how they encouraged people to do things for themselves if they were able to. One staff member said, "I try and get them to do as much as they can for themselves."

People were treated with dignity and respect. One person told us they were "treated with respect really". They said, "They are not overfamiliar but friendly. They don't overstep the mark. They always consider your feelings and respect you. They say if I am not happy with anything they would rather know and they can put it right." Another person said, "Staff won't call you by your first name unless you say it is okay." A third person said, "They treat me fine, respectful." A fourth person said, "They are very nice and friendly, they are respectful." Staff described how they supported people whilst maintaining their dignity and respect. For example, keeping people covered when providing personal care, closing doors and blinds when people were bathing and standing outside the bathroom when people were using it.

Is the service responsive?

Our findings

People were involved in deciding how their care and support was delivered. One person said, "The office come and go over things. [Staff member] comes every so often and goes over things with you. If there are any changes or anything." Another person told us, "At the beginning they assessed what I needed. There is nothing a bother. If there is anything I want doing, they do it no problem." A third person said, "I told them what my needs were." Care records confirmed people's needs had been assessed to determine how they wanted their care provided. Records clearly documented people's preferences and demonstrated their involvement in the assessment process. For example, identifying people's social and religious preferences.

People told us the registered provider was responsive to changes they wanted to make to their care visits. One person said, "Now and again I quite often cancel visits when family visit. There is no problem. If I need any help all I have to do is phone the office and they will sort it."

Information gathered during the initial assessment was used to develop bespoke, personalised care plans. Care plans identified specific objectives to be achieved for each person. For example, 'to provide personal care three times a day'. Care plans included information about how to protect people from any potential risks, such as the risk of falling. Care plans provided step by step guidance for staff to follow to ensure people received consistent care that met their particular requirements. For instance, one person particularly wanted the support worker to leave the bathroom whilst they bathed themselves. Another person wanted staff to ask them each visit for their meal choices.

Care plans identified specific responsibilities for staff and senior support workers so that all staff were clear about the registered provider's expectations. For example, support workers were responsible for providing personal care and domestic tasks and to report any concerns or changes. Seniors support workers were responsible for monitoring and reviewing service delivery and to maintain a safe working environment.

All of the people we spoke with said they were happy with the care and support they received. One person said, "I haven't any complaints at all. If there was anything I felt wasn't right I know I could discuss it with the office. I admire the work they do." Another person said, "I am definitely happy with the care. I have no complaints." Another person said, "I have no concerns at all." A third person said, "I couldn't complain about anybody." The registered provider kept a log of all complaints and compliments received. We viewed the log and saw that all complaints had been investigated and resolved. The action taken following the complaint had been logged, which in a significant number of cases consisted of changing the care worker allocated to the care package at the person's request.

Is the service well-led?

Our findings

The service had an established registered manager. The registered manager had not submitted to the CQC the required statutory notifications for safeguarding concerns. The registered manager told us this was due to a misunderstanding about the notifications process. However, in all cases safeguarding alerts had been made correctly to the local authority. We are dealing with this issue outside of the inspection process.

Staff described the registered manager as approachable. One staff member said, "I feel free to speak to her anytime. She is very approachable. I am definitely comfortable to raise issues." Another staff member said, "Jan is approachable, she is lovely. She is a good boss."

A management committee was in place to oversee the governance of the service. Meetings were held every two months with the registered manager reporting on key indicators such as staff, number of clients and volume of work. We viewed the latest annual report which provided the management committee with a summary of performance across the year and plans for the future.

Staff told us they were able to give their views about the service. They said specific meetings were held if there were major changes. Otherwise they were in and out of the office all of the time. Staff told us there was a positive atmosphere within the service. One staff member said, "Brilliant atmosphere, you have your own group of girls who you work with. I am quite happy."

The registered provider's did not have an effective approach to medicines audits to ensure people received their medicines safely and on time. A systematic approach to checking 'medication assistance records' was not in place. The registered manager told us supervisors checked medicines records every month to check they had been completed correctly. However, we saw no evidence of these checks having taken place or of any of the discrepancies we identified having been identified and investigated.

The registered provider carried out unannounced spot checks and monitoring visits to check people received good quality care. This included a check on whether staff arrived on time and stayed the full length of time, as well as checking whether staff followed people's care plans. The records of monitoring visits we viewed showed there were no concerns and no additional action had been required.

People had the opportunity to give their views about the quality of the care they received. One person said, "Every so often you get a questionnaire." We viewed the feedback from the most recent consultation. 343 surveys had been sent out with 207 completed and returned. People had been asked to give their views about the reliability and punctuality of staff as well as whether staff treated them with respect. We saw most people had given positive feedback about the service. For example, 98% of people responded either 'good' or 'excellent' in response to staff punctuality and 100% gave a score of 'good' or 'excellent' for staff treating them with respect.

Where a negative or poor response had been given these were investigated separately. These were mostly in relation to communication between the registered provider and people when care staff were going to be

changed at short notice or were going to be late.

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 who use services and others were not protected against the risks associated with unsafe or unsuitable care and treatment because records and systems operated by the registered provider did not support the safe management of medicines. Regulation 12 (2) (g).