

Care at Home (Wearside) Limited

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Inspection report

Unit 2K
North Sands Business Centre
Sunderland
Tyne and Wear
SR6 0QA

Tel: 01915100403

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27 August 2019

30 August 2019

02 September 2019

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20 September 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Care at Home (Wearside) Limited is a domiciliary care agency. It was providing personal care to 97 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive 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

People received a good service and felt safe. Risks were well managed. The provider learned from previous accidents and incidents to reduce future risks. The registered manager understood their responsibilities about safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure, and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People's needs were assessed before they started using the service. Staff treated people with dignity and respect. They helped to maintain people's independence by encouraging them to care for themselves where possible.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The provider had a complaints procedure and people were aware of how to make a complaint. An effective quality assurance process was in place. People and staff were regularly consulted about the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 1 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Care at Home (Wearside) Limited

Detailed findings

Background to this 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 Care Act 2014.

Inspection team

One inspector and an Expert by Experience formed the inspection team. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started on 27 August 2019 and ended on 2 September 2019. We spoke with people who used the service and their family members on 27 August 2019. We visited the office location on 30 August 2019. We spoke with staff on 2 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and six family members about their experience of the care provided. We spoke with the registered manager and three care staff.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. Comments included, "I feel very safe, they [staff] are all great and friendly, always on time" and "Of course I`m safe, I would recommend them, especially the carer that comes for me, she is excellent."
- The registered manager understood safeguarding procedures and had followed them. Statutory notifications had been submitted to CQC and staff had been trained in how to protect people from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider learned from accidents and incidents. They made changes to reduce the risk of them reoccurring.
- Staff were aware of lone working policies and procedures and felt safe in their role.
- Risks were well managed. Staff understood potential risks and how to mitigate them.
- The provider had a whistleblowing policy and staff were able to report concerns anonymously.

Staffing and recruitment

- Most people and family members told us they were visited by a consistent team of staff, who were usually on time.
- Staff raised some concerns about travelling time between appointments. The registered manager was aware of the concerns and told us they were working with staff to resolve them.
- There were positive comments about how new staff were introduced to people. For example, "They [provider] did a taster session for my [relative], introducing the new carer, which I think is marvellous." Another family member told us new staff shadowed experience staff and said, "That is what a top provider should provide, top marks for that."
- The provider had an effective recruitment and selection procedure. They carried out relevant security and identification checks when they employed new staff.

Using medicines safely

- Appropriate arrangements were in place for the safe administration and recording of medicines.
- Audits were regularly carried out and people told us they were happy with the support they received to take their medicines.

Preventing and controlling infection

- Checks were carried out to ensure staff were following the provider's infection prevention and control policies and procedures correctly. This included wearing protective clothing whilst carrying out personal care to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were carried out before people started using the service to ensure their individual needs could be met.

Staff support: induction, training, skills and experience

- People and family members told us they thought staff were appropriately trained and skilled. Comments included, "They [staff] have never missed a visit and deal admirably with [relative]'s personal care" and "Very well trained, they [staff] do everything that I ask of them."
- Staff were supported in their role and received regular supervisions and an annual appraisal.
- New staff completed an induction to the service, staff training was up to date and staff told us they had received sufficient training for their role.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported some people to prepare meals and records described the support people required with their dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs and to attend appointments when necessary.
- The service worked with health and social care professionals such as GPs, pharmacists and community nursing teams.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- Staff had been appropriately trained in the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and family members told us staff were kind and considerate. Comments included, "They [staff] are very caring and down to earth" and "My carer could only be described as marvellous, nothing more, nothing less."
- People's spiritual and religious beliefs were recorded as part of the admission process. None of the people using the service at the time of the inspection were receiving support in this area.

Supporting people to express their views and be involved in making decisions about their care

- Staff included people and family members in the care planning process and people told us they were able to express their views.
- People's preferences and choices were clearly documented in their care records.
- Some of the people using the service at the time of our inspection had independent advocates. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One person told us, "They keep my dignity and respect."
- Staff told us, and care records described, how people's privacy and dignity was to be respected.
- People told us staff supported them to be independent. Care records clearly described what people could do for themselves and what they required support with.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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

- At the previous inspection, we found care records did not always contain sufficient information to guide staff in how to provide support to people and they weren't always person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered. At this inspection we found records included important information about the person, were regularly reviewed and were person-centred.
- Individual outcomes were clearly recorded. These described people's preferences and what they wanted to achieve from their care and support.
- People and their family members told us they were involved in care planning and they were listened to.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand.
- Care records described the level of support people required with their communication needs.

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

- People lived full and active lives. Staff knew people well and understood what was important to them.
- People were protected from social isolation. Some people were provided with companionship visits and others were supported to access the local community.

Improving care quality in response to complaints or concerns

- Systems were in place to ensure complaints were acknowledged, investigated and responded to.
- People and family members told us they did not have any complaints. However, they were confident if they raised any issues these would be dealt with appropriately by the registered manager.

End of life care and support

- None of the people using the service at the time of our inspection were receiving end of life care. However, the provider had an end of life policy and staff had been appropriately trained.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Feedback we received from people and family members reflected a well-led service. Comments included, "Communication, communication, communication and [registered manager] has it. She even rang me to introduce herself" and "I'm quite happy with the service. I can't fault them."
- Staff told us they were comfortable raising any concerns and the management team were approachable. Comments included, "We've got a really good management now" and "If you have any problems, you can go in and speak to [registered manager]."

Working in partnership with others; Continuous learning and improving care

- The service had good links with local organisations. For example, housing agencies, local colleges and a garden centre.
- The registered manager was a judge at the Great British Care Awards. The provider had won an award for outstanding contribution to social care in 2018.
- Staff were involved in making improvements to the service. For example, reviewing documentation and incidents as a group to see what could be improved and identify lessons learned.
- The registered manager had plans for the future of the service. These included getting family members more involved in the care and support of their relatives, empowering people to become involved in forums, and improvements to auditing processes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff understood their roles and responsibilities.
- The provider monitored the quality of the service to make sure they delivered a high standard of care. This included the completion of regular audits.
- Questionnaires were sent to people and family members so they could feed back on the quality of the service. These were analysed and actions put in place for any identified issues.
- People were also able to feedback via regular telephone reviews.
- Staff were kept up to date via monthly meetings, regular memos and telephone reviews with the registered manager.

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 acted in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as accidents and incidents.