

Nurtured Care (NE) Limited

# 101-102 Aidan House

## Inspection report

Aidan House  
Tynegate Precinct, Sunderland Road  
Gateshead  
Tyne and Wear  
NE8 3HU

Tel: 01914326443

Date of inspection visit:

15 April 2019

17 April 2019

18 April 2019

25 April 2019

Date of publication:

13 June 2019

## 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

About the service: 101-102 Aidan House is a care at home service that was providing personal care to 170 people at the time of the inspection.

People's experience of using this service: People and their relatives told us the care and support they received from 101-102 Aidan Houses was of a good level. They told us staff knew and fully understood people's needs.

There was a lack of overall quality assurance in place. The registered manager was unable to provide evidence for some of the audits they had completed. Issues highlighted during inspection had not been identified by the provider.

Issues were identified with the lack of recording of some medication for some people. Some care plans did not include a list of people's prescribed medication. People told us they received their medication on time and staff told us they had received training in the administration of medication.

People told us they felt safe receiving care from staff. Staff we spoke with were confident in their ability to care for people safely and they were confident in their knowledge regarding safeguarding issues. Safeguarding issues were reported to the local authority and were actioned in line with the provider's safeguarding policy.

Staff had access to regular in-house and external training to support people's individual needs.

People received support from a consistent team of staff and people told us this was important to them.

Staff supported and encouraged people to have enough to eat and drink.

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.

People had access to health care professionals and some people told us staff accompanied them during these appointments.

People and relatives we spoke with told us the care they received was both kind and respectful.

People were encouraged to provide feedback regarding their care and this was done via written questionnaires and telephone interviews.

Staff we spoke with told us they felt supported by the registered manager. They told us the registered manager was approachable and they were confident to raise any issues.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: This was the first inspection of this service since it was registered in April 2018.

Why we inspected: This was a planned inspection following the provider's registration.

Follow up: We have asked the provider to send us an action plan telling us what steps they will take to make the improvements needed. We will return to re-inspect this service within the published timeframe for services rated requires improvement.

## 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.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# 101-102 Aidan House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by one inspector.

**Service and service type:** This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to children, younger adults and older people.

The service had a registered manager with the Care Quality Commission. This means they and the provider will be 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 visit. This is because some of the people using the service could not consent to a home visit or calls from an inspector. We needed to make these arrangements appropriately.

**Inspection site visit activity** started on 15 April 2019 and ended on 25 April 2019. We visited the office location on 13 and 15 April 2019 to see the manager and office staff; and to review care records and policies and procedures. We spoke to people, relatives and staff on 25 April 2019.

**What we did:** Before the inspection we reviewed the information, we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is a report about important events which the service is required to send to us by law. Providers are required to send us information to give some key information about the service, what the service does well and improvements they plan to make. Due to a technical difficulty, this information was not received.

We sought feedback from the local authority commissioning and safeguarding adults team along with visiting professionals, and we reviewed the information they provided. We also contacted Healthwatch, who

are the independent consumer champion for people who use health and social care services.

During the inspection: We looked at three care plans and supporting daily notes, four medicine administration records (MAR). We spoke with five people who used the service and two relatives. We spoke with the registered manager, financial director, operations director, human resources director, care co-ordinator, three members of staff and one healthcare professional. We also looked at records involved with the day to day running of the service which included staff recruitment files, audits, staff training records along with records of incidents, accidents and complaints.

After inspection: The registered manager sent us further information we had requested, and this was done in a timely manner.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely.

- Medication records (MAR) were not always completed. A review of people's MARs identified some gaps in the recording of administration of some people's medication. For example, one person's MAR chart for September 2018, revealed 11 instances where medication had not been recorded as administered and for December 2018 seven instances were not recorded. In addition, some care plans seen did not include a list of people's prescribed medication as per the provider's own medication policy.
- One person's care plan had not been updated to reflect the change in the frequency of how often their prescribed cream should be applied. This change had been made at the request of a district nurse. We spoke to the registered manager regarding this issue and they took immediate action to rectify.
- Staff who administered medication told us they were confident to do so. Staff confirmed they received regular training as well as observed practice sessions.
- People and relatives told us staff ensured people received their medication time. One person told us, "The girls help me with my tablets and I get them on time. The girls don't rush me, they let me take my time with tablets."

Preventing and controlling infection.

- The provider had an infection control policy in place and staff had been trained in infection control. Staff were able to tell us what they would do to support infection control. Staff told us they had access to adequate amounts of personal protective equipment (PPE).

Systems and processes to safeguard people from the risk of abuse.

- People were protected from abuse. The provider had a safeguarding policy in place. All staff we spoke with told us they received regular training in safeguarding and they were confident in their ability to identify and report any safeguarding issues.
- Safeguarding issues were logged, investigated and reported to the local authority.
- People and their relatives told us they felt safe with the care they received. One person told us, "Oh yes, I definitely feel safe."

Staffing and recruitment.

- The provider had a system in place to support the recruitment of staff. However, a review of staff recruitment files identified gaps in the employment history of two members of staff. These gaps had not been investigated or discussed during the staff member's interview. We spoke to the registered manager and HR Director regarding the identified gaps. They agreed to amend their recruitment process with immediate effect to ensure any gaps in employment were noted and discussed at interview.

We recommend the provider reviews best practice guidance regarding safe recruitment of staff and incorporates this into auditing procedures.

- Staffing hours confirmed staffing levels were appropriate to meet the needs of people. As the needs of people changed, staffing hours were reviewed. People we spoke with told us there were enough staff and staff were usually on time for their calls. Where staff were late for their calls, people told us staff contacted them to say they were running late.

Assessing risk, safety monitoring and management.

- Home risk assessments were seen in care plans which included for example home security. However, where people had been prescribed emollient creams which were paraffin-based, no risk assessments had been carried out to ensure these creams were used and stored correctly. We spoke to the registered manager regarding this and they took immediate action to update all staff and relevant care plans with the appropriate risk assessment.
- Care plans included individual risk assessments, which supported staff to keep people safe for example those related to moving and handling, and social time activity.
- Staff we spoke with were confident in their ability to care for people safely and reduce the risk of harm..

Learning lessons when things go wrong.

- Safeguarding incidents were used to identify lessons learnt and changes in process were actioned.



# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- Staff had received regular formal supervision sessions. Staff we spoke with confirmed they also had opportunities to discuss any concerns with the registered manager, or their supervisor.
- Staff had the skills and experience to care for people they supported. A review of the provider's training matrix identified mandatory training had been completed. In addition, some staff had received additional training, for example in tracheostomy care.
- Staff had access to training and could, if they wished, ask for additional training. One staff member told us, "The training has been sufficient, we always go into the office when new training is on until we feel confident." New members of staff were supported in their role through an induction process. This was further supported by a period of shadowing existing members of staff. This allowed staff to get to know the people they were assigned to care for.
- People and their relatives told us they felt staff knew how to care for them. One relative told us, "The staff have different degrees of skill and of course new staff have to learn [Person's] routine. They do shadow which is good."

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

- People's needs were fully assessed prior to receiving support.
- People's needs were reviewed on a regular basis to ensure the care they received was effective and up-to-date. Relatives were encouraged to be part of this review.
- Care plans included details of how people wished to be cared for in terms of their level of support and independence. However, a number of care plans had not been signed by people to evidence their involvement, in the creation of their original care plan. We spoke to the registered manager regarding this who agreed to look into this matter.

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

- Some people required staff to support them with eating and drinking. Where people were required to have their nutrition and hydration monitored, we saw staff had recorded this information in people's daily notes.
- People told us staff listened to them when they were choosing what they wanted to eat or drink

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

- People had access to and were referred in a timely manner to other healthcare professionals. For example staff had liaised with occupational therapists. One person we spoke with told us, "[Carer] accompanied me to my appointment with my consultant and they also support me with my other medical appointments."
- People had a dedicated team of carers. They told us this was important to them as this allowed for a

consistent level of care from carers who knew them.

- Staff supported people to have access to equipment to assist with their well-being. One person told us, "I have issues with my mental health, [Staff's name], makes sure I have access to all of the equipment I need to help me."

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, 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 with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes.

- People and their relatives were involved in decisions about their care. At the time of inspection, applications had been made to the Court of Protection for two people. The registered manager informed us they were awaiting receipt of documentation from the local authority.
- Staff had received training in the Mental Capacity Act (MCA) 2005. Staff we spoke with were able to explain to us their understanding of the Act and how they would apply the principles of MCA during the care and support they provided to people. One member of staff we spoke with told us, "Each client's capacity is documented in their 'My Day, My Way' part of their care plan."

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People and relatives told us the care they received from staff was both kind and caring. One person told us, "I feel I have got new friends, I have jokes with them and have told them we need people like you, people who are loving!. [Carer's name] is amazing. Makes me feel better. I get scrubbed from head to toe and they put cream on me. I did have a bed sore when I came out of hospital, but I don't now. I couldn't ask for better. I know how much the carers care for me. I am proud of those girls!"
- Staff had received training in equality, diversity and inclusion. Staff described the importance of treating everyone as an individual to ensure their differing needs were met.
- Information was available in different formats to support people. For example, people had the option of documents in larger print. The manager also told us information would be made available via audio if a request was received.
- People were supported to maintain relationships which were important to them. For example, one person who could no longer drive, was supported to visit their wife who lived in a local care home - this visit was especially significant as it was the couple's wedding anniversary. Photographs taken on the day, showed people enjoying the celebration demonstrating how much it had meant for the couple to see each other on this very important day.
- People's religious needs were met.

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

- People had been involved in making decisions about their care. People and relatives we spoke with confirmed they had been involved in decision making.
- Information about advocacy services was available. People we spoke with confirmed they had access to advocacy services. An advocate helps people to access information and to be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence.

- People's dignity and privacy were respected. People told us when carers supported them with their personal care, carers were careful to ensure people's dignity was maintained. One person told us, "There are days when I am feeling down, but they come in and treat me with dignity and respect – they keep an eye me to make sure I am okay – give them 10 out of 10."
- Staff were able to describe to us the importance of maintaining people's personal information and the steps and process they would follow to ensure this information was kept confidential.
- Staff supported people to be as independent as possible. One carer told us, "It's important for people to be independent, when I support people I will say to them, "Are you going to wash your face and I will wash your back."

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care based upon their personal care needs. One person shared with us, they hadn't received their weekly money allowance and they were worried how they were going to live. They had told their carer who then contacted the main office who then sorted it out for them.
- Care plans were reviewed and changes made if there had been a change in people's needs. Staff received the most up to date care plans for people via a secure app on their mobile phones
- Relatives were positive about the care provided to their family members and expressed confidence in the care workers abilities and the service delivered.
- People were supported to access the community with the support of carers. These activities included socialising, supporting people with their volunteering roles and domestic activities such as shopping.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy in place. Complaints were logged and actioned in line with the provider's own policy.
- People and relatives, told us they had not raised any formal complaints and had no reason to do so. One relative told us they had, "had a few 'niggles' at the start of the care package", but this had been sorted straight away by ringing the office. They also told us, the provider encouraged feedback.

End of life care and support.

- The registered manager told us the service was able to support people with end of life care and had done so in the past. However, we received mixed responses regarding training. Of the four staff we spoke with, three told us they hadn't received training in this area of care. The registered manager assured us end of life training would be provided to staff, if in the future, people required this level of 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There was a lack of robust formal quality assurance processes in place. Audits made available to the inspector revealed only a limited amount of care plans had been reviewed by the registered manager - three in November 2018 and one in February 2019. Due to the lack of audits being in place, the registered manager had failed to identify issues found during inspection. For example, they had failed to identify a lack of recording on peoples' MAR charts and gaps in staff employment history.

These findings constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Following our discussion, the registered manager agreed to introduce a more robust overall auditing system to ensure audits were carried out on a regular basis.

- The provider had not submitted some statutory notifications in relation to safeguarding concerns. This is important to ensure CQC can monitor the safety of the service people receive.

This constitutes a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this matter outside of the inspection process.

- People, staff and relatives spoke positively about the registered manager. Staff comments included, "Yes [registered manager] is both fair and approachable" and "Yes the registered manager is approachable, in fact all the office staff are approachable, and they are always there to help, even on a personal note."
- Staff told us staff morale was good and they felt 101-102 Aidan House was a good place to work.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- People and their relatives spoke positively about the care people received from 101-102 Aidan House One person told us, "I have a fantastic team around me. I do believe this is an absolutely lovely company!" One relative told us, "I feel it's good, we've not had much support previous to 101-102 Aidan House. We have now got a nice team to support mam."
- The registered manager ensured they thoroughly investigated any matters which were identified. They worked in partnership with other agencies and ensured people and relatives were well informed. This included offering apologies if things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Feedback from people, relatives and staff was encouraged through reviews of their care and quality questionnaires. People who used the service were also contacted on a six-monthly basis via telephone to obtain their views.
- We asked staff if they attended any team meetings with the registered manager. They told us although they did not have formal meetings with the registered manager, they did have team meetings with their individual team leaders. Information from these team meetings was then fed back to the registered manager for their review, and to allow for issues that may have been raised to be actioned.

Working in partnership with others.

- Evidence was seen to support working relationships with other professionals. For example, local authority assessment officers, GPs and community response teams.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have in place systems to carry out effective audits regarding the quality of service provided. Regulation 17(1)(2)(b)</p>