

Hand 2 Hold Limited

# Easterside Community Hub

## Inspection report

Broughton Avenue Resource Centre  
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TS4 3PZ

Tel: 01642810338

Date of inspection visit:  
07 December 2023  
11 December 2023  
13 December 2023

Date of publication:  
16 January 2024

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Easterside Community Hub is a domiciliary care service providing personal care for people living in their own homes. 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. At the time of the inspection Easterside Community Hub were providing personal care to 101 people.

### People's experience of using this service and what we found

There were enough trained staff to provide care and support for people, however there was mixed feedback about the consistency of care staff and the times of calls. We have made a recommendation about staffing.

Audits were regularly completed to identify any actions that were needed to improve the service. They did not always identify that some risk assessments had not been updated to fully reflect people's decisions and preferences. Whilst this had no direct impact on people's care, we have made a recommendation about quality assurance.

Safe recruitment practices were followed, and staff understood how to safeguard people from abuse and avoidable harm. Risks were assessed and mitigated. Medicines were managed safely, and staff took necessary precautions to prevent and control infections.

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

Systems were in place to seek feedback from people, relative's and staff and it was explained how action would be taken in response to general and individual concerns.

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

The last rating for this service was good (published 14 June 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Recommendations

We have made recommendations in relation to staff deployment and quality assurance systems.

### Follow up

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Easterside Community Hub

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was completed by 1 inspector, a regulatory coordinator and an Expert by Experience. 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 homes.

#### Registered Manager

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

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was to make arrangements to carry out a virtual inspection and we needed to be sure the registered manager would be available to support the inspection.

### 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 as well as 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls, telephone calls and email to enable us to engage with people using the service, relatives and staff. We used secure electronic file sharing to enable us to review documentation.

We spoke with 3 people who used the service and 12 family members about their experience of the care provided. We also received email feedback from 1 person using the service and 1 relative. We spoke with 7 members of care staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including 5 people's care records and 3 people's medicines records. We looked at recruitment records for 3 members of staff. A variety of records relating to the management of the service, including audits, policies and procedures, were also reviewed.

Inspection activity started on 07 December 2023 and ended on 13 December 2023. We contacted people and relatives on 11 December 2023.

# Is the service safe?

## Our findings

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

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

### Staffing and recruitment

- There were sufficient numbers of trained staff. However, we received mixed feedback about the consistency of staff and the timing of care calls.
- Some people told us they had regular staff who arrived on time. Other people's comments included, "Their timing is really bad" and "The fill ins [not regular staff] often come too late and don't stay the full hour." The nominated individual was aware of this and explained the on-call system and how office staff, trained as care staff would support to cover any gaps. They also explained plans they were developing to minimise the risk of this continuing.
- Some staff also commented about difficulties covering staff sickness and short notice absences.
- Safe recruitment practices were followed.

We recommend the provider consider staff deployment to make sure they can respond to unforeseen circumstances in a manner that meets people's preferences.

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

- People were safeguarded from abuse and avoidable harm.
- Concerns were reported appropriately, and outcomes documented.
- People and their relatives told us they felt safe with the care staff.

### Assessing risk, safety monitoring and management

- Risks were assessed to make sure people were safe. Risk assessments did not always reflect people's decisions, for example in relation to their dietary needs and preferences. The nominated individual and registered manager were responsive to this feedback and took appropriate action. We found no evidence this had impacted on the care people received.
- Staff knew people well and took action to mitigate risks.
- Accidents and incidents were reported, recorded and monitored for themes and trends. Action was taken to minimise the risk of further occurrences.

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 MCA 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.

- We found the service was working within the principles of the MCA and if needed capacity assessments and best interest decisions would be made.
- Staff had attended training in MCA and had some understanding of consent.

#### Using medicines safely

- People were supported to receive their medicines safely by staff who were trained and assessed as competent.
- Staff used electronic medicine administration records to record medicine administration. These were regularly audited.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.

#### Learning lessons when things go wrong

- The nominated individual and registered manager learned lessons when things went wrong.
- Actions were being taken in relation to feedback from people and relative's which included concerns relating to the timing of care calls.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A management structure was in place that monitored the quality of the service to drive improvements.
- Audits were completed regularly, and action taken in relation to shortfalls. However, audits of risk assessments and care records had not identified that they did not always reflect people's decisions and preferences. We found no evidence that this had impacted people's care.

We recommend the provider review quality assurance procedures to make sure care records are accurate, complete and contemporaneous.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture that promoted good outcomes for people.
- The nominated individual and registered manager were open to our feedback and took action to address any shortfalls.
- People and relatives commented on the carers saying, "The carers are lovely and will always ask what I would like." Other comments included, "They [carers] are all very nice but there's lots of changes."
- Staff described the culture as being "supportive" and "good teamwork."

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 nominated individual and registered manager understood their responsibilities under the duty of candour.
- The nominated individual said, "It's about being open and honest if we've done something wrong, admit it, apologise, learn from it and involve the team."

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

- Feedback was sought from people and their relatives. A recent survey had been sent out to people using the service. The registered manager and nominated individual explained how action would be taken in relation to any individual concerns.
- Regular staff meetings were held. Staff commented they received regular updates and good communication from the office staff.

#### Continuous learning and improving care

- There was a learning culture at the service which improved the care and support people received.
- Regular training sessions were held which were scenario based so staff could work through situations and develop problem solving skills.

#### Working in partnership with others

- The provider worked in partnership with others including care management and safeguarding.
- The nominated individual and registered manager attended local provider forum meetings.