

# HH Community Care Limited

# Nupath Care Gateshead

## Inspection report

Unit 32, Kingsway House  
Kingsway, Team Valley Trading Estate  
Gateshead  
NE11 0HW

Tel: 07843371207

Date of inspection visit:  
30 November 2022  
07 December 2022  
15 December 2022

Date of publication:  
09 March 2023

## 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

Nupath Care Gateshead is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 6 people using the service.

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's care and support needs were not always provided in line with their assessed needs. The provider did not always ensure that there were suitable numbers of staff available to safely support people. Relatives told us they often had to provide support to people and had raised this with staff during care reviews, but this was not actioned or raised with the registered manager.

Notifications relating to significant events that had occurred at the service, for example allegations of abuse, had not always been submitted to the CQC. This is part of the legal requirement all registered managers and provider must follow to ensure they are meeting the regulations.

Relatives provided positive feedback about the approach of staff and how they treated people. People were supported to be as independent as possible and staff carried out enabling calls so that people could participate in activities and socialise within the community.

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.

Risks people may face were fully identified and mitigated. Medicines were safely managed, and the service worked in partnership with other health care professionals to make sure people received a continuous level of support.

People had person-centred care plans which were created from holistic assessments of people's needs. Staff had a positive relationship with the registered manager and felt able to provide feedback regularly about the service. The quality and assurance systems in place allowed for effective monitoring of the service by the registered manager and provider.

Staff had access to PPE and followed best practice guidance and the provider's policy in relation to infection prevention and control. Staff received training and support to make sure they had the right skills and knowledge to support people.

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 service was registered with us on 12 April 2022 and this is the first inspection.

#### Why we inspected

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

#### Enforcement and recommendations

We have identified breaches in relation to staffing levels and submission of notifications at this inspection.

We have made a recommendation that the provider reviews the systems in place to ensure that any identified actions from care reviews can be monitored by the registered manager.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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** ●

# Nupath Care Gateshead

## 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. 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was completed by an inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### 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 24 hours' notice of the inspection. This was because it is a small service 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 30 November 2022 and ended on 15 December 2022. We visited the location's office on 30 November 2022.

#### What we did before the inspection

We used information gathered as part of monitoring activity that took place on 22 November 2022 to help

plan the inspection and inform our judgements. We reviewed the information we held about the service including information submitted to CQC by the provider about serious injuries or events.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority contracts monitoring and safeguarding adults teams and reviewed the information they provided. We contacted the local Healthwatch for their feedback. 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 all of this information to plan our inspection.

During the inspection

We spoke with 2 relatives of people who used the service about their experience of the care provided. We requested feedback from 8 members of care staff. We spoke with 4 members of staff, which included the registered manager, regional manager and office staff.

We reviewed a range of records. This included 5 people's care records and medicines records for 5 people. We looked at 3 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 also reviewed.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant 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.

### Staffing and recruitment

- There were not always enough staff available to support people in line with their assessed needs and preferences. For example, 1 person's care plan stated that they required 2 members of staff per visit. We found on over 50 occasions there were not 2 staff available to provide support and the person's relative had to provide additional support.
- A relative told us that call times were not always appropriate and were having a negative impact on a person's wellbeing. One relative commented, "They put [Person] to bed at 4 - 5 pm which is not fair on her and far too early ... even 7pm would be better but I don't know whether it is lack of staff or they can't get staff to work past 5pm. They need to get staff and keep them."

There was not enough suitably qualified staff available to support people. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took action to address our concerns and the provider was actively recruiting additional staff.
- Staff were recruited safely. All necessary pre-employment checks were in place to make sure people were safe to work in care.

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

- Systems and processes were in place to protect people from the risk of abuse. Safeguarding and whistleblowing policies were in place which were accessible to staff, people and relatives.
- Staff had received safeguarding training and could tell us what action they would take if they identified any form of abuse. A staff member told us, "I am very confident to raise any form of concern using the whistle blowing procedure."
- People and their relatives said that they felt safe with the care provided.

### Assessing risk, safety monitoring and management

- Risks people may face were fully assessed, mitigated and regularly reviewed. Assessments detailed what steps staff should follow to keep people safe.
- Environmental related risk assessments were also in place for people and staff.
- Relatives we spoke to confirmed that risk assessments were in place and used by staff to safely support people. For example, 1 person required staff support to change positions and mobilise. Risk assessments were in place which detailed how staff were to use equipment and techniques safely to support the person

safely.

#### Using medicines safely

- Medicines were managed safely. There were regular checks of medicines by the office and management team.
- Staff had received medicines administration training and records showed staff had their competencies assessed.
- Relatives told us that people received their medicines regularly and staff were available if people needed support with their medicines.

#### Preventing and controlling infection

- There was an infection prevention and control (IPC) policy in place which staff followed to reduce the risk of infection. Policies reflected national guidance and best practice.
- Staff received training around IPC and PPE. A staff member said, "I had a training on infection prevention and control. All the training is very loaded and insightful. I always recommend it."

#### Learning lessons when things go wrong

- Lessons were learned through investigations into incidents and actions put in place to stop similar incidents occurring. The registered manager investigated all accidents and incidents fully.
- Findings were shared with staff to help prevent further incidents occurring.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's needs and choices were holistically assessed and reviewed regularly in line with best practice guidance and the law. Care records showed detailed assessments were completed for people prior to delivering care.
- People and their relatives were involved in care planning. Care records showed people's choices and preferences were clearly recorded. For example, 1 person's care record detailed that they liked to get up later and another person's detailed what they preferred to eat and drink.

Staff support: induction, training, skills and experience

- Staff were provided with support and necessary training for their role from the registered manager and provider. The registered manager arranged regular supervisions with staff. One staff member told us, "They have always shown full support and guidance on the job."
- Staff received on-going training to make sure they had the right skill set to safely support people. For example, staff were provided with additional training around catheter care to ensure they could meet people's needs. Staff competency checks were carried out by office staff to make sure they had the practical skills required to deliver care.
- New staff were given an in-depth induction from the provider. This included shadowing other care staff to build up their confidence and knowledge.

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

- People were supported to maintain a balanced diet by staff. Not everyone receiving care required support with eating and drinking.
- People were supported to make their meals independently with staff on hand to help if needed. Care records detailed what people liked to eat and drink, and their preferences for meals.
- Some people received nutrition via a percutaneous endoscopic gastrostomy (PEG). Staff had received training in PEG maintenance and could support the person if required.

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 to access other health care professionals, for example the dentist and GP. Guidance from these were incorporated into care plans.
- Relatives told us about instances where staff had supported people to access other healthcare services. One relative said, "They've helped me to get [Person] seen by the GP."

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 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.

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.

- People's care was delivered in line with MCA and best practice guidance. Records showed people's capacity was assessed.
- Staff had received training around MCA and DoLS and were able to tell us how people's capacity was assessed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; respecting equality and diversity

- Staff were caring and kind with people. There were equality and diversity policies to help ensure people were treated fairly, regardless of their age, sex, race, disability or religious belief.
- People and relatives were very happy with the care provided. One relative told us, "All the staff are lovely. [Staff member] has looked after [Person] for a long time and knows them really well."
- Staff had a caring attitude. Staff feedback detailed that they enjoyed their role and spending time with people. Staff told us that they engaged people during visits and got to know them. A staff member said, "There is enough time to talk to people while supporting them."

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

- Care plans were created after discussions with people, they included people's choices, wishes and what support they needed and wanted. For people who could not fully communicate their choices, relatives were involved to make sure that their views were heard.
- Care records showed that people and relatives were involved in all reviews. Relatives confirmed the office staff contacted them regularly to see if people's needs were being fully met and if there were any additional support they could provide.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were promoted by staff. Care records were person-centred and detailed what people could do independently, with staff support if needed.
- Staff told us they supported people in a dignified and respectful way. One staff member commented, "Our people are being supported with their privacy and dignity."
- Relatives said that staff were respectful and supported people to be independent. A relative told us, "The carers are good, and I feel comfortable with them in my home."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People had comprehensive assessments of their needs which reviewed not only their physical needs but emotional and social as well. Care plans formed from these included people's own choices for how their care was delivered.
- Relatives told us that they had been involved in the review of people's care needs and initial assessments. People and relatives confirmed they had access to their care plan and were part of the planning. Records showed comments and updates following reviews with relatives.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were fully assessed, and strategies were in place for staff to follow to communicate with them.
- Care plans detailed how staff could have conversations with people to engage with them during visits.

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 were supported to maintain relationships important to them, and access the local community.
- Care plans included people's choices and detailed exactly how to support the person. For example, people's care plans included if they used the car and how staff supported the person with this.
- Some people received enabling calls and staff supported them with shopping and activities.

Improving care quality in response to complaints or concerns

- Complaints and concerns were investigated by the registered manager and used to improve the service provided.
- Records showed that complaints were investigated in line with the provider's complaints policy and outcomes were shared with people, relatives and staff.

End of life care and support

- At the time of our inspection no one was receiving end of life care and support. Staff had received training around this as part of their induction.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and provider had not submitted all required notifications to the CQC which they are required to do. Notifications are significant events that have occurred at the service, for example allegations relating to abuse.

Notifications were not always submitted to the Commission as required. This was a breach of regulation 18(1)(2)(b) of the Care Quality Commission (Registration) Regulations 2009.

We will deal with this matter outside of the inspection process.

- The quality and assurance systems in place were effective at monitoring the quality of care provided. We did find that areas requiring action from reviews were not always acted upon by staff. For example, 2 relatives had raised concerns during a care review relating to staffing. This was documented on the review record, but staff had taken no follow up action with this and the registered manager was unaware concerns had been raised.

We recommend the provider reviews the systems in place to make sure communication is effective and any identified actions are highlighted to the registered manager for their attention and monitoring.

- The registered manager took action immediately to address the staffing concerns with relatives. During the inspection the management team were responsive and engaging with the inspection process.
- Staff were positive about the leadership of the registered manager and the effect they had on the staff team. A staff member commented, "The registered manager encourages and appreciates us on our contribution to the job. It's an encouragement to do more."
- The service was using an electronic system to support with quality monitoring. The registered manager regularly carried out audits and checks. Any identified concerns were recorded and action taken to address these.

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

- Staff were positive about the culture at the service and the positive impact it made on people's well-being. One staff member said, "We [the staff] meet expectations and making the client feel much better and their

hope is restored."

- People and relatives were complimentary about the staff culture. Relatives told us staff were friendly with people. One relative commented, "They [Staff] get on really well with [Person]."

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; Continuous learning and improving care

- The provider understood their responsibility to be open and honest when something goes wrong.

Apologies were given to people and lessons were learnt.

- Results from audits, investigations, feedback sessions and surveys were used to improve the quality of care at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were asked for their feedback to allow the management team to find ways to improve the level of support provided to people.

- Staff worked closely with other health care professionals. People's care records showed involvement and guidance from other agencies, for example the district nursing team and GP.

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 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure that there were enough suitably qualified staff available to support people in line with their assessed needs and care plans.</p> <p>Regulation 18(1)</p>