

Homecare North East CIC

Dunston Community Centre

Inspection report

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18 July 2018

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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

This inspection took place on 17 and 18 July 2018 and was announced. This was to ensure someone would be available at the office to speak with us and show us records.

Dunston Community Centre is a domiciliary care agency. It provides personal care to adults living in their own houses and flats in the community.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

On the day of our inspection there were 23 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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.

We last inspected the service in January 2016 and rated the service as 'Good'. At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

People told us they felt safe with the staff at Dunston Community Centre.

There was an effective recruitment and selection procedure in place and relevant vetting checks were carried out. Staff were suitably trained and received regular supervisions and appraisals.

There had not been any accidents or incidents reported at the service since the previous inspection however staff were aware of the procedure to follow.

There had not been any safeguarding related incidents at the service. The provider had a safeguarding of vulnerable adults policy that described what abuse is and the procedure to follow for reporting incidents or allegations of abuse.

Appropriate arrangements were in place for the safe administration and storage of medicines.

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.

People were protected from the risk of poor nutrition and care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service were complimentary about the standard of care at Dunston Community Centre.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service.

People were protected from social isolation.

There had not been any complaints recorded at the service since the last inspection but people who used the service were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the management team. People who used the service and staff were regularly consulted about the quality of the service via meetings and surveys.

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 remained Good.

Good ●

Is the service effective?

The service remained Good.

Good ●

Is the service caring?

The service remained Good.

Good ●

Is the service responsive?

The service remained Good.

Good ●

Is the service well-led?

The service remained Good.

Good ●

Dunston Community Centre

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.

We carried out phone calls to people who used the service on 17 July 2018 and visited the provider's office on 18 July 2018 to speak with the management team and office staff, and to review care records and policies and procedures. One adult social care inspector carried out the inspection.

During our inspection we spoke with six people who used the service. In addition to the registered manager, we also spoke with the general manager, office manager and three members of care staff. We looked at the care records of three people who used the service and the personnel files for three members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe. People who used the service told us, "Safe? Oh, yes", "Always safe", "They [staff] are always here on time" and "Always punctual."

We discussed staffing with the registered manager. They told us staff covered a small geographic area, usually near where they lived, and that continuity of care was important so they tried to ensure people saw the same staff. People and staff we spoke with confirmed this.

Any staff absences were covered by the provider's permanent staff. The management team also covered call visits if required. Agency staff were not used. The registered manager and general manager told us staff were very flexible at covering shifts.

The general manager told us rotas were emailed to staff at least one week before their shifts and included a list of which manager was on call. They told us that even though staff knew which manager was on call, they could ring any one of the management team at any time. Staff we spoke with confirmed this.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults. One staff file we looked at did not include any photographic proof of identification although it was recorded on the cover sheet that it had been checked. The registered manager agreed to obtain photographic identification for the staff member as soon as possible.

There had not been any accidents or incidents reported at the service since the previous inspection. The provider had an accident and incident reporting procedure in place and staff we spoke with were aware of the procedure to follow.

There had not been any safeguarding related incidents at the service. The provider had a safeguarding of vulnerable adults policy that described what abuse is and the procedure to follow for reporting incidents or allegations of abuse. Staff demonstrated a good understanding of safeguarding and were aware of the provider's whistleblowing policy.

Assessments were undertaken to identify any risks to the person using the service and to the staff supporting them. Risk assessments we viewed were up to date. Health and safety checks were carried out to ensure the safety of staff and the people they supported.

We found appropriate arrangements continued to be in place for the safe administration and storage of

medicines. Staff were trained in the administration of medicines and a process was in place to ensure staff competency was assessed.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective. People who used the service received effective care and support from well trained and well supported staff. People told us, "When I have needed them, they have been there", "They [staff] are all wonderful", "They [staff] are lovely and pleasant" and "Thank goodness for them [staff]."

Staff were supported in their role and mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

People's needs were assessed before they started using the service and continually evaluated to take account of any changing needs.

People were supported with their dietary needs. For example, one person had a support plan in place to ensure their dietary needs were met. They had been assessed by a speech and language therapist (SALT) as requiring a fork mashable diet due dysphagia. Dysphagia means the person had difficulty swallowing certain foods. Guidance provided by SALT was included in the person's care records and staff we spoke with were aware of the person's needs.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for the people who use domiciliary care services are carried out through the court of protection. We checked whether the service was working within the principles of the MCA. All the people who used the service had the capacity to make their own decisions and no one was deprived of their liberty. We saw staff had been appropriately trained in the MCA and DoLS.

People who used the service were supported with their healthcare needs. Care records contained evidence of involvement from health and social care professionals such as GPs, SALT and community nursing teams.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring. People who used the service told us, "They are very caring, they really, really are", "Very caring" and "They [staff] are respectful." A staff member told us one of the best things about working for the service was "the smile you get off people when you walk in".

We viewed a sample of thank you cards from family members. Comments included, "I can't thank you enough for the wonderful care you gave my mother over the last 12 months" and "Thank you for looking after my mam so well. All your kindness was much appreciated. [Staff] gave mam the best of care and I am very grateful." Another card from a family member stated staff went "above and beyond the call of duty".

Care records described how staff were to protect people's privacy and maintain their dignity. Staff we spoke with demonstrated good knowledge in this area particularly whilst delivering personal care. People we spoke with did not raise any concerns regarding privacy and dignity.

People were supported to be independent where possible and this was documented in the care records. For example, "[Name] has an electric razor and should be asked if he wants to try it himself first and if not carer to shave [name]", "[Name] will feed himself and drink without assistance when he can but may at times need help with these tasks" and "Carers to offer support with maintaining [name]'s independence with personal care tasks as much as possible."

People's communication needs were recorded, such as whether they had speech or hearing difficulties and the support they required from staff. For example, one person's support plan described how their illness had affected their communication and memory. Guidance was in place to assist staff in supporting the person. Another person's support plan described how they could communicate their needs and make their own choices but required some physical support.

Some of the people using the service were living with a dementia type illness. Staff had been trained in dementia awareness and the general manager told us about the support provided to people with dementia to assist with communication.

The care manager told us none of the people using the service had spiritual or religious needs. However, these would be recorded and people would be supported wherever possible.

We saw that records were kept securely in the provider's office and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager and general manager who told us one of the people using the service at the time of our

inspection had an independent advocate to support them with their personal finances.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive. Care records we looked at were regularly reviewed and evaluated.

Care records were person centred, which means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. People who used the service told us they were involved in planning their care and felt consulted.

Records described people's individual choices and preferences. For example, "[Name] enjoys the TV and listening to music", "[Name] loves to chat", "Ensure [name] has a hot drink or other drink of his preference" and "[Name] can make choices around their daily clothing."

Care plans described the support people required with daily tasks such as communication, hygiene, medication, mental well-being, mobility, nutrition, pressure care, sleeping, and social interaction. The plans described what the person could do for themselves and the level of support required from staff. For example, one person was unable to independently mobilise and their support plan described how staff were to support the person by using hoisting and mobility equipment. We saw staff had been appropriately trained in moving and handling techniques.

The care manager told us none of the people using the service at the time of our inspection visit were receiving end of life care. However, they had previously cared for people with palliative care needs and staff had been appropriately trained.

We found the provider protected people from social isolation. People's social needs and interests were recorded. For example, "[Name] loves to go out to the pub in the village and enjoys a little drink", "[Name] is very keen on cars and their maintenance" and "Sit and chat to [Name] during visits and encourage them to talk about subjects they interested in. Continue with outings as required and vary [name]'s venues as per requests." People we spoke with told us they were supported with their social needs.

The provider's complaints and concerns policy described the procedure for making a complaint. There had not been any complaints recorded at the service. People we spoke with told us they knew how to make a complaint but did not have any complaints to make.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

The provider was meeting the conditions of their registration. There had not been any incidents at the service that required a statutory notification. A notification is information about important events which the service is required to send to the Commission by law.

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since March 2015. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months.

They told us they had started a cinema club at the community centre. People who used the service, family members and members of the public were invited to attend to watch old movies and have popcorn or an ice cream. The service had good links with the local community and people were supported to attend community events and activities. The service provided a befriending service to help people access the community. The registered manager told us about how they had supported one person who never left the house to go out to the theatre and pub. The general manager told us, "It doesn't just benefit the client, it benefits the family as well."

The service had a positive culture that was person centred and inclusive. People who used the service told us, "I really think they carry a good name", "They [provider] definitely are respected", "It's a wonderful organisation", "I've recommended them to others" and "I'm a very satisfied customer."

Staff we spoke with felt supported by the management team. They told us, "They [management team] are fantastic", "They are out in the field, supporting us" and "They are a brilliant company to work for." Staff also felt supported by their colleagues. For example, "The staff I work with are amazing" and "We're like a little family." The registered manager told us, "If you've got a happy staff, they are better at looking after the clients." Staff were regularly consulted and kept up to date with information about the service.

The provider monitored the quality of the service via a variety of audits and checks. People who used the service were provided with surveys to feed back on the quality of the service. These gave people the option of providing additional comments. For example, "First class service" and "Above and beyond the call of duty." The results of the surveys were analysed to identify any actions or trends.

People who used the service told us they regularly received calls and visits from the management team to check they were happy with the quality of the service they were receiving. The management team carried out regular spot checks to quality assure the work carried out by the care staff.

This demonstrated that the provider gathered information about the quality of their service from a variety of

sources and acted to address shortfalls where they were identified.