

Sunderland Home Care Associates (20-20) Limited

South Tyneside Home Care

Inspection report

Unit 5
Witney Way, Boldon Business Park
Boldon Colliery
Tyne And Wear
NE35 9PE

Tel: 01915366235

Date of inspection visit:
24 May 2017
30 May 2017

Date of publication:
21 July 2017

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 24 and 30 May 2017 and was announced. We gave 48 hours' notice of this inspection because the service is a domiciliary care agency and we needed to be sure there was someone in the office available to assist with the inspection. We last inspected South Tyneside Home Care on 17 May 2016 and found the provider had breached three regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At the last inspection we identified concerns in respect of the safe care and treatment of people using the service. Care plans were not person-centred and did not demonstrate any clear involvement of the person or their relatives. Care plans did not always contain detailed information on how to support them. Risk assessments lacked sufficient information to enable staff to support people consistently and safely. Risk assessments were not reviewed appropriately. The provider's quality assurance system did not include managerial oversight resulting in a lack of knowledge on how the service was performing and what areas were in need of development and improvement.

We undertook this inspection to check that the provider now met legal requirements. We found the provider continued to breach regulations.

We found care plans were being updated to include more personalised information for staff. However some plans did not contain detailed information on how to support people with specific needs.

Risk assessments were in place and had been updated, however not all risk assessments contained sufficient information to enable staff to support people consistently and safely.

The quality assurance process had been reviewed and the registered manager was routinely checking audit results and actions. Care file audits had not identified any of the issues or concerns we found at this inspection.

You can see what action we told the provider to take at the back of the full version of the report.

South Tyneside Home Care is an employee owned social enterprise that is registered with the Care Quality Commission for the regulated activity of personal care. The service provides domiciliary care and support for people in South Tyneside. The workforce are the owners of the agency and they participate in the decision making process about the direction of the agency by making provisions for appointed employees to serve on the board.

The service had a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like provider's, 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.

The provider had developed a more structured approach to quality assurance. A new post of compliance officer had recently been filled with an operations manager post soon to be advertised. Documentation was being reviewed to be more standardised across all locations and a new risk assessment process being implemented to provide more detailed information for staff. This meant the provider was proactively working to improve the quality assurance process in order to drive improvements.

Medicines were managed by staff who were appropriately trained. Checks were in place to ensure staff remained skilled and competent. MAR charts were completed correctly with no gaps or anomalies.

Medicine administration records (MAR) we reviewed did not contain information for staff to follow when people were prescribed topical medicines (used on the skin) as to which specific area of the body the cream or ointment was to be applied. We found the assistant manager had identified this concern and had developed body maps to be issued with people's MAR setting out where topical medicines were to be applied.

Recruitment practices at the service were thorough appropriate and safe so only suitable people were employed. Staff shadowed experienced care workers before being given their own calls.

Environmental risk assessments were completed for staff working in people's homes to include access to the property, fire hazards and cleaning products.

Staff had been received training in the safeguarding and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were clear about their responsibilities to recognise and report any incidents of abuse and were able to describe how the MCA impacted on their roles.

Staff training was up to date. Staff told us they felt supported and received regular supervision and annual appraisals to discuss performance and personal development. Supervisors told us they undertook spot checks to observe care workers were supporting people appropriately.

Processes were in place to consult with people before their package of support commenced. Consultations took place with supervisors and plans of support were completed with the person and if necessary family members.

People's dietary needs were respected with support given where necessary to prepare meals. Healthcare needs were acknowledged and contact was made with other health care professionals when necessary.

We saw that systems were in place for recording and managing safeguarding concerns, complaints, accidents and incidents. People and relatives knew how to make a complaint.

The service sent out annual surveys to people to gain their opinions and views on the service. We found several comments outlining relatives and people's satisfaction with the service they had received.

Staff told us they felt the service was open and approachable. Regular meetings were in place for staff to raised concerns and issues, on a regular basis.

Statutory notifications were submitted to CQC in a timely manner. Personal records were held in line with Data Protection Act.

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.

Where people were assessed at being at risk. Control measures did not always contain a level of detail to enable staff to support people safely.

The provider had thorough and robust recruitment processes in place for new staff. Staff were issued with hand books setting out important policies and procedures such as whistleblowing and accident reporting.

Staff were aware of how to report concerns and felt the registered manager would act on any safeguarding concerns.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff training was up to date and appropriate to meet the needs of the service.

Staff told us they regular supervision to support their development and performance.

Where necessary people's health needs were promoted and intervention sought when appropriate.

Good ●

Is the service caring?

The service was caring.

People and relatives felt staff were kind and compassionate in their roles.

People's dignity and privacy were respected. Staff supported people to be as independent as possible.

The service had information about advocacy.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans did not always contain a level of detail in how to support people with their assessed needs.

The provider had a policy and procedure in place to manage complaints.

The service had processes in place to gain the views and opinions of people and relatives. Quality surveys were sent out on an annual basis.

Is the service well-led?

The service was not always well-led.

The provider had developed their quality assurance process to include managerial oversight. However the process had not identified the concerns we found regarding risk assessments, topical medicine administration or care plans.

Staff described the manager as being approachable and felt they listened to any concerns.

People's and staff's personal records were held in line with Data Protection.

Requires Improvement ●

South Tyneside Home Care

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.

The inspection took place on 24 and 30 May 2017 and was announced.

The inspection was carried out by one adult social care inspector and one expert by experience who made telephone calls to people and their relatives who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with the registered manager, assistant manager, recruitment and training manager, one supervisor, five care workers. We also spoke to ten people for their views of the service.

We viewed a range of records about people's care and how the service was managed. These included the care records of six people, medicine records of ten people, the recruitment records of three staff, training records and records in relation to the management of the service.

Is the service safe?

Our findings

When we last inspected the service we found the service was not safe and the provider had breached regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Risk assessments did not always contain up to date information about people's support needs. Risk assessments were not reviewed appropriately.

During this inspection we found the provider had made some improvements to the risk assessment process. However we found that not all risk assessments we examined contained a level of detail required in order to support people safely.

One person had been assessed as needing support with mobility. Care records stated the person used a walking stick and Zimmer frame, however the moving and assisting record stated the person is unable to walk and used a wheelchair. The falls risk assessment did have an outcome recorded as to the level of risk. The person suffered from a knee problem, we found this information had not been taken into consideration when assessing mobility. The fire safety assessment in relation to the person's home had not been completed.

Another person's moving and assisting assessment had been recorded as medium. Other risk assessments within the care file stated the person was at low risk. For example, the person was assessed as needing full support to get out of bed and the bath, therefore the risk was higher than a rating of low and should have been recorded as medium.

A third person's risk assessments had not been reviewed since 2015. The health and safety risk assessment stated no risks on the stair, however the care plan stated a stair lift was in place.

We found where moving and assisting risk assessments were completed, the document did not indicate what the consequence and likelihood of the risk was therefore it is difficult to see how the overall score had been determined. This meant we could not be sure that people were protected against risks associated with their care and support.

This demonstrates a continuing breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We discussed our findings with the registered manager and assistant manager. The registered manager told us, "We have a new organisation assisting us and they will be working with us in managing the risk assessment process. We realise that the system we have now is not what we need." The registered manager gave us an example of the format of new assessment document they would be using. The document was more detailed with sections for assessed risk, specific control measures and outcomes along with a review date. This meant the provider had identified the document they used was not meeting the needs of the service and had put in place measures to address this.

People and relatives told us they felt the service provided safe support. One person told us, "I feel very safe with them. I live on my own and it's good to know that they're coming. I have a Keysafe so they let themselves in but they always let me know it's them coming in." One relative said, "[Person] is completely safe with (care worker)". Another commented, "[Person] is absolutely safe with them [care workers]."

People told us they received appropriate support with their medicines. One person told us, "I'm insulin dependent and take a huge amount of medication, some of which don't fit in the pack. They always make sure that I've taken everything." Another person said, "They dish out my tablets and then write up everything in the notes."

We saw that staff had received training in medicine awareness as part of their induction before going on to complete safe administration of medicines at Level 3. This level of training allows staff to administer medicines. Staff received medication competency checks on a regular basis to ensure they remained competent to administer medicines. These were completed by supervisors as part of the spot check process.

People had their medicines issued by local pharmacists in either a nomad system or in boxes and bottles. The provider had two different medicine administration records (MAR) charts in place. One for nomad boxes over a four week period and one for boxed and bottled medicines over a two week period. Where people were prescribed topical medicines, instructions for staff as to where to apply the medicine were hand written on MAR charts but did not state the specific area. For example, apply cream to legs and records did not detail where on the leg the cream had been applied. The assistant manager told us, "We have just put body maps in place now and attached them to people's MAR charts." We were shown records to demonstrate body maps had been issued for pictorial support and guidance for staff in where to apply the topical medicines. We will review these records at our next inspection.

MAR charts were completed with no gaps or anomalies. We found personalised information for staff to follow for example, specific instructions about dissolving a person's medicines and how to prepare an inhaler for use.

We found records to demonstrate MAR audits were completed on a weekly basis. Audits covered where the person's details recorded, was the MAR completed correctly, where there any gaps. Where an audit identified an issue or concern, we saw actions were recorded and signed off when completed. For example, we saw that care staff were reminded to use code as well as initial on the MAR.

The provider had a robust recruitment process in place. Staff files contained signed and dated application forms, references and interview records. Files contained records to evidence that checks had been made with the Disclosure and Barring Service check (DBS). This meant the service checked whether people have been convicted of an offence or barred from working with vulnerable adults. We found DBS checks were carried out before staff started work. The service uses a live online system for refreshing DBS checks, these were completed annually at the time of appraisal. This meant people were protected because the provider had checks in place to make sure that staff were suitable to work in people's homes.

People we spoke told us they felt satisfied with the way the service organised their calls. Comments included, "I generally see the same person unless she's on holiday", "I always see the same person, she's absolutely wonderful", "They always arrive on time and I don't feel rushed at all".

We reviewed client rotas to check that enough staff were deployed to calls. Each rota contained a list of carer staff with times of calls. We saw that people had a consistent cohort of carers. Attached to each rota

was a snap shot of people's support needs. The assistant manager told us, "We do this so they (staff) always have an up to date picture of people's care needs." The assistant manager told us, "There are changes if staff ring in sick or are on holiday, but we tend to use the same staff to cover these." One person told us, "It's important to be consistent with carers when you're having personal care and the company are really good at that."

The provider had a range of policies and procedures in place to keep people safe, such as safeguarding and whistleblowing. These were accessible to staff for information and guidance. The service had adopted South Tyneside Council's Adult Safeguarding policy, a copy was held on file for staff information and guidance. Management had received training in using the threshold matrix used by the Council as part of their safeguarding training.

Staff were issued with handbooks containing policies and procedures such as safeguarding, whistleblowing and accident reporting. Staff had completed up to date safeguarding training both in house and at a local level to ensure they followed the local authority safeguarding policy. Staff told us they had confidence that any concerns they raised would be listened to and action taken by management. One care worker told us, "Any concerns I would report to the office, I know they would respond." We saw there were arrangements for staff to contact management out of hours if they needed support or advice.

The registered manager had a reporting system in place to report and analyse accidents and incidents. This was to make sure any risks or trends, such as falls, were identified and managed. Staff were made aware of any lessons learnt by way of meetings and supervisions.

The provider had procedures in place in case of an emergency which affected the safe running of the service. To ensure the service continues to run safely, access to IT systems can be done remotely in an alternative setting. Senior management and on call staff have contact numbers to use in case of an emergency. Additional staff can be accessed from the sister agency if necessary. Personal protective equipment (PPE) would be made available at the provider's other locations.

Staff had access to personal protective equipment and collected these from the office when necessary. Infection control policies and procedures were in place for staff guidance and information.

Is the service effective?

Our findings

People and relatives we spoke with were happy with the way staff supported them. One person told us, "I'm really happy with them, they're such a good team and I would like to express my gratitude to them." One relative said, "It's more of a vocation than a job to these carers. They're really lovely. They never talk over [person] and always include [person] in all the conversations."

Staff felt the training they received enabled them to support people safely. One care worker told us, "We get training all the time, it is now done every two years, I have just completed some last week." Another said, "I get all the training I need for my job, we do loads of training, courses are always available. If you feel you need more training in a certain area you just ask and it gets sorted for you."

Staff completed a comprehensive induction which included shadowing more experienced staff before they embarked on their own rota. Observations were carried out as part of the induction process, we found records to demonstrate staff were observed by supervisors to ensure they were using safe practices in supporting people. For example, using the correct moving and assisting techniques, supporting people with communication needs.

The registered manager provided a copy of the service's training matrix. Mandatory training included, moving and assisting, health and safety, fire safety, first aid, food hygiene, infection control and safe handling of medicines. Training was recorded and planned using a computer based training management system. Along with mandatory training, the service provided a range of training courses for staff to complete. For example, risk management. Staff completed care certificate induction workbooks. Records demonstrated staff discussed their learning with the assessor before being signed off by as completed. This meant that staff had the skills and knowledge to support people effectively.

We found staff were skill matched to people's needs. When a package of support had been requested by commissioning and the person had specific support needs. Staff were trained prior to the package commencing. For example, one person had a specific nutritional need, staff were trained by hospital staff in order to deliver nutritional support in a safe manner. The registered manager told us, "We will not provide support to someone if we have not had the training first, this is something we feel strongly about."

The provider had an electronic system in place to plan and monitor staff supervision and appraisal. We found staff received regular supervision and had an annual appraisal. One care worker told us, "We have supervision, but you can contact the office if you have a problem." Another told us, "We also have observations as well as supervisions, generally every three months or so."

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.

Staff had received training in MCA during induction and had refresher training. Staff understood that people should not be restricted unnecessarily unless it was in their best interests. They had an understanding of gaining consent before care and support is provided. We found people had signed to give their consent to the support set out in care plans.

Some people were supported with meal preparation as part of their care. Meals were either prepared or left ready for the person to access. We found where necessary care workers entered people's food and fluid intake on daily records. Staff followed guidance from the dietician regarding people's nutritional needs.

People and relatives we spoke with told us staff supported them or their family member with their nutritional needs. Comments included, "They prepare my meals for me and they're very good", "We always decide in a morning what I'm going to have to eat. I can't eat processed food and mainly have soft food/mashed diet. They always help me plan my shopping list", "They do some cooking for Mum but she doesn't eat a lot. They always give her food she likes and add thickeners to make sure she's getting enough to eat".

People told us staff supported them with their health needs. Care records contained details of contact with health care professionals where necessary. For example, referral to the community nurse or occupational therapy. One person told us, "They always accompany me to any hospital or doctor's appointments". One relative told us, "There was instance when [family member] had a fall and (care worker) rang for the ambulance and waited until both the ambulance and we had arrived. They even telephoned afterwards to find out how [person] was doing in hospital and whether they needed anything."

Is the service caring?

Our findings

People and relatives we spoke with told us felt the service was caring. Comments included, "I'm very fortunate, I have three very good carers", "The carers are really lovely", "It's more of a vocation than a job to these carers. They're really lovely. They never talk over [family member] and always include them in all the conversations", "They always make me feel at ease when they're doing personal care, they're very respectful and to be honest we have a laugh."

People felt staff were respectful when providing support. Comments included, "They're always very respectful and they understand how I feel", "She's [care worker] always very respectful when she's washing me", "I have a shower every day and they're very good. They're very respectful and always put me at ease." Relatives also felt staff ensured people's privacy and dignity were maintained. One relative told us, "[Person] gets embarrassed and needs privacy so always wears boxer shorts into the shower [care worker] understands."

Staff we spoke with clearly demonstrated they knew the people they visited really well and were able to tell us about them. They had an understanding of people's individual needs and preferences. One care worker told us, "It's important to know people's needs before you visit, if I was not sure about anything I would contact the office." Another said, "I really enjoy my job it's the best thing ever. I like caring and helping people." A third told us, "I am supporting one person who is now accessing the community, we are doing really well with them." A fourth said, "You just get to know people's little ways, that's important."

People and relatives were issued with an information pack when they started using the service. The pack contained information and guidance about the service along with contact details of the office. Before the package of support commenced people were visited by a supervisor who discussed the person's preferences, likes and dislikes. The information was used to develop people's care records. The service matched carers to people to ensure they are supported by an appropriately trained carer who can meet their specific needs. The assistant manager told us, "People are provided with a rota on a weekly basis setting out who their carers are for the week ahead."

Staff were issued with a handbook on commencement of their employment which included information and guidance about the service and the standards expected from them. Induction training was delivered to staff which covered privacy, dignity and confidentiality. The service also had policies and procedures in place to cover these areas for staff to access for guidance and support if they needed it.

None of the people we spoke to or whose care records we examined required an advocate. The service had information relating to advocacy. The registered manager advised they would contact the person's social worker if there were any concerns about people's ability to make decisions.

Is the service responsive?

Our findings

When we last inspected the service we found the provider had breached regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Care plans were not person-centred and did not demonstrate any involvement of the person receiving services. Care records did not give clear information of how care and support were to be provided and were not always reviewed.

During this inspection we found the provider had made some improvements to the care planning process. However, some plans we reviewed lacked detail in how to support people with their assessed needs. One person's care records stated they wore appliances to assist with mobility. The care plan did not contain information or guidance for staff in supporting the person with these aids. Records stated the person required support with elimination needs, the care plan did not contain information or guidance for staff in how to support the person to meet these needs.

Another person's care records stated they had swallowing problems. The care plan did not contain any details or information about the person's swallowing needs. We asked the assistant manager if the person required a specialised diet. They told us, "No, they only need their food cut up in to small pieces." This was not detailed in the care plan.

A third person care records stated they had skin integrity needs. Daily records stated, 'wound dressed.' The care plan did not detail what type of dressing to apply or how often this should be done. A fourth person required support with medicines three times a day. The care file did not contain a medicine assessment to ascertain the level of support required. The care plan did not detail the level of support needed to enable the person to receive their medicines.

This meant we could not be sure that people were receiving appropriate support to meet their needs.

This demonstrates a continuing breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The assistant manager told us, "We have been working on service user's profiles which contain information about them for staff to read so they can get to know them." We saw some completed profiles which were very detailed about people's life stories.

Care plans had been updated to include what is was important to the person and what their choices were, and how they wished to be supported. For example, "Be independent as long as possible", "Treat me with respect and dignity in my own home" Signatures were in place to indicate agreement with the planned support. Care plans took into account people's preferences. For example, whether the person preferred a shower or full strip wash, or whether to get up early or stay in bed. One person's care plan stated, 'leave a flask of tea, leave sandwich or open a tin for dinner'. Another person's stated, 'use soap/shower gel of

[person] choice'. Daily records were maintained for each person who used the service. Records we saw were up to date and included information on the person's diet, personal care and support given.

We saw the provider had a policy and procedure in place for managing complaints. People were issued with the policy at their initial visit. One complaint had been received since the last inspection. We found the complaint had been investigated by the registered manager and a written response including an apology sent to the complainant.

The registered manager kept a record of compliments made to the service. We found several compliments had been made to the service. Comments included, "[Care worker] is an excellent carer, very vigilant", "A sterling service", "Thank [support worker] for the help this morning", "They always alert us if they are concerned in any way for mam's well-being".

Is the service well-led?

Our findings

When we last inspected the service we found the service was not safe and the provider had breached regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider's quality assurance process did not take into account a managerial oversight of the service in relation to care records. There was no process in place to sample records to ensure consistency.

During this inspection we found the provider had made some improvements to the quality assurance process and the registered manager now had oversight of the audit process. Care plan audits had been completed. The audit records we reviewed gave a summary of findings along with any actions and how these were fed back to the care worker responsible. We found audit action plans were checked and signed off when completed. The quality assurance process included spot checks made by supervisors to ensure staff were attending calls and staying the correct amount of time. These were then followed up by with a visit to the person to check documentation and to speak with the person about whether the staff member is supporting them appropriately.

Daily record sheets now formed part of the audit process to ensure support workers are making clear, concise entries regarding their calls. For example, checking to ensure staff are offering choices, recording conversations or any concerns. Where spot checks highlighted any issues these were recorded along with actions completed to address issue. For example, where recording did not contain enough detail, records showed that staff were spoken to by supervisor.

However we were not assured of the effectiveness of the audit and assurance process as we found it had not identified the concerns raised during the inspection in relation to risk assessments, care plans and lack of detail for topical medicines administration.

This demonstrates a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the audit process with the registered manager and our findings in relation to the areas which had not been identified. The registered manager advised that quality assurance had been discussed at board meetings and it was agreed that a more structured team was needed. Therefore the provider had recently employed a compliance officer to work across the provider's four locations to standardise the quality assurance process. An advert for an operations manager was being developed for release in the near future. The registered manager told us, "I am excited about the new posts. We will be working together looking at systems, documents and having some consistency in that respect."

The provider had a process in place to capture people's and relative's views and opinions of the service. Annual survey results for 2016 contained mainly positive comments. Questions included, does you support worker stay for the agreed time, do support worker respect your privacy, do you think your support worker receive adequate training. Positive comments included, "I think the carer is excellent and they are very good at their jobs", "We are happy with the standard and manner of the care workers who look after [person]."

Negative comments were followed up by the assistant manager.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans did not always contain sufficient information to meet people's needs. Regulation 9 (1)
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments did not always contain sufficient information to enable staff to support people consistently and safely. Regulation 12 (2)(a)
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers quality assurance process was not always effective in highlighting concerns regarding care records. Regulation 17 (2)(a)