

# North East Disabilities Resource Centre

## North East Disabilities Resource Centre

### Inspection report

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Date of inspection visit:  
27 June 2017

Date of publication:  
28 July 2017

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

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 27 June 2017 and was announced. We gave the provider 24 hours' notice to ensure someone would be available at the office.

North East Disabilities Resource Centre (NEDRC) was registered in April 2016, although it only began providing this regulated service in March 2017 and this was its first inspection. NEDRC run a day service in Hendon where it provides activities and support to people with disabilities and it also runs an accessible holiday lodge. It provides personal care support to two people who currently live in their own home.

The service did not currently have a registered manager. We met with the manager who had been in post for two weeks and was experienced in managing care settings. They stated they would be applying to register with the Care Quality Commission at the earliest opportunity. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered Nominated individuals, 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 saw that medicine administration records were not always fully completed and this meant that people may be at risk of not receiving their medicines safely.

There was not an audit based quality assurance system in place to check the quality and safety of the service. Accidents and incidents had not been routinely reviewed to look for trends. We saw the new manager now had a process to review this.

The service is required to ensure it obtains recorded consent from people receiving personal care or their legal representative.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Staff told us they were supported by their management and could get help and support if they needed it. Staff had not received regular supervision during the last few months as there was no manager in place. Staff told us they now felt confident in the new manager and we saw a supervision plan in place.

People were protected by the service's approach to safeguarding and whistle blowing. One person told us could raise concerns if they needed to and were listened to by staff. We saw that concerns were listened to and acted on straight away by the manager. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management listened and acted upon staff feedback.

People we spoke with who received personal care felt the staff were knowledgeable, skilled and their care and support package met their needs. People who used the service told us that they had a small team of

staff, who were reliable and arrived when expected. Staff confirmed that they were not rushed and had time to provide the care people expected.

The service had systems to ensure staff were appropriately recruited, trained and supported. Staff were being supported to achieve National Vocational Qualifications in health and social care.

The care records we looked at included risk assessments, which had been completed to identify any risks associated with the person's environment and delivering the person's care. We saw a new care plan format was being introduced which was more person centred and detailed in relation to risk assessments.

People and staff told us when they raised any issues they were dealt with promptly and professionally and everyone we spoke with knew how to speak to the management team at the office if they had any concerns.

There were systems in place to gain the views of people using the service and staff would discuss developments and issues together.

The service was an active part of the local community. We saw that the manager and staff were committed to supporting people to remain in their own homes with support and worked with G.P's, occupational therapy, physiotherapists and other specialist services.

The manager told us about how the service worked with people from different religious ethnic and religious backgrounds and supported people to uphold their beliefs and respected their traditions and religious observations.

During our inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

We found gaps in the records of administration of medicines and there were no checks to confirm medicines were being administered safely.

Effective recruitment procedures had not been in place recently but we saw the new manager had addressed outstanding checks.

Risk assessments were undertaken of the environment and personal risks.

We found that there were effective processes in place to make sure people were protected from bullying, harassment, avoidable harm and abuse. Staff took appropriate action to raise and investigate incidents and concerns.

### Is the service effective?

**Requires Improvement** 

The service was not always effective.

Records did not evidence people's consent to care although we saw staff obtain this prior to any tasks being undertaken.

Staff were trained and supported to deliver the care and support people required.

Where the service provided support with mealtimes, we saw that people were provided with effective nutritional support by staff trained in nutrition and hydration.

### Is the service caring?

**Good** 

The service was caring.

We heard the staff had developed positive relationships with people and were caring and kind.

People told us their privacy and dignity were very well respected.

People were supported by a small consistent team of staff.

### Is the service responsive?

The service was not always responsive.

People's care plans contained individual information about their needs and preferences. We saw a new format was being introduced that was more person centred in its approach.

Care was provided on an individual basis, based on people's individual needs, with changes being made to reflect changing circumstances.

People had been provided with information on how to make complaints and said that they were listened to by the manager.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

There was not a registered manager in place.

Quality assurance was not effectively established to ensure the service delivered was of good quality and was safe.

The service carried out regular reviews of people's care and feedback.

The management team were immediately responsive to any issues raised and addressed areas for improvement promptly.

**Requires Improvement** ●

# North East Disabilities Resource 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 checked whether the Nominated individual 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 inspected North East Disabilities Resource Centre (NEDRC) on 27 June 2017. The registered provider was given 24 hours' notice because we needed to be sure that someone would be at the registered office. At the time of our inspection visit the service provided care and support to two people. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service including notifications and complaints (of which there were zero). 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.

During the inspection we spoke with two people who used the service. We also spoke with the nominated individual, manager, two senior carers and three carers. We looked at two people's care records, four recruitment records for staff providing personal care, the training chart and training records, as well as records relating to the management of the service. We also carried out observations of staff and their interactions with people who used the service.

# Is the service safe?

## Our findings

The people who used the personal care services told us that they felt North East Disabilities Resource Centre (NEDRC) staff delivered safe care. External professionals we spoke with also commented that, "The service is very proactive and addresses any issues straight away."

People said; "I like them," and "I get on well with everyone," and when we asked if people felt safe, both people replied, "Yes".

We looked at the information that was available in people's care records relating to their medicines and the help provided by care staff. Medicine administration records (MARs) were in place to record the medicines staff had administered. The records we looked at had some gaps in relation to administration where staff had not signed to confirm this and there were no body maps in place to identify where people needed topical medicines to be applied. We discussed this with the manager who had been in post for two weeks and who had recognised that some areas in relation to records were outstanding. They told us, "I have found things are missing or not even in place and we need to change the culture of how things are done." The provider agreed to take immediate action.

The service provided us with a copy of their policy on managing medicines, which provided information on how the service assisted people with their medicines. Two staff supported people with medicines and all staff had completed recognised safe handling of medication qualifications.

We saw in staff recruitment files some recruitment checks for staff had not been carried out to check their suitability to work with vulnerable people. The new manager had already identified these omissions and we saw they had immediately sought Disclosure and Barring Service checks and outstanding references on 22 June 2017. Recruitment checks prior to the last 12 months showed there had been effective recruitment and selection procedure in place which carried out relevant security and identification checks for prospective staff.

The two areas above in relation to records were a breach of the Health and Social Care Act 2014 Regulation 17 in relation to Good Governance.

During the inspection we spoke with the manager, two senior carers and three of the care staff who provided personal care. The staff we spoke with were aware of the different types of abuse and what would constitute poor practice. The staff members we spoke with told us they had confidence in the manager responding appropriately to any concerns.

Staff told us that they had received safeguarding training and records showed this was the case. All staff members said they understood the whistle blowing procedure and would not hesitate to follow this if it was required. The service had a safeguarding policy that included all the local contact details for safeguarding issues. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "I have made an alert previously and took it up with the social worker."

We looked at the arrangements that were in place for risk assessment and safety. The service provided a copy of their health and safety policy. This set out the health and safety duties related to the service and its staff, and referenced other relevant policies and procedures. The new manager told us they were in the process of reviewing all policies to ensure they met regulatory standards and were fit for purpose. The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care and their environment. The risk assessments provided staff with the guidance they needed to help people to remain safe.

Through discussions with people and staff members and our review of records, we found there were enough staff with the right experience and training to meet the needs of the people who used the personal care service. There were currently six staff providing the service but other trained staff who knew people well from the day service also helped cover sickness and holidays so the care was consistent.

Staff we spoke with told us they had undertaken training in first aid. We saw records to confirm this training was up to date. We witnessed an incident at the service where someone had an accident and paramedics were called. The staff dealt with this calmly and efficiently making sure the person was kept calm and supported whilst promoting their privacy and dignity. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

We also looked at the arrangements that were in place for managing accidents and incidents and preventing unnecessary risk of reoccurrence. Staff we spoke with told us that any incidents or accidents were reported to the office, so that they could be recorded. We discussed accident monitoring with the manager. They told us there had not been a formal process of monitoring these for trends but that they were reviewing all accidents and incidents. We saw an incident had occurred the previous day and the manager had already carried out an investigation and changed a procedure and ensured the appropriate staff were informed.



## Is the service effective?

### Our findings

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. No applications had been made by the service to the Court of Protection.

Care records did not evidence that consent had been obtained from the person who used the service or their legal representative to say whether they agreed with the support being offered, that they had provided all the necessary information for support with medicines and whether they agreed for their personal information to be discussed with a member of their family or any named person.

This was a breach of the Health and Social Care Act 2014 Regulation 11 relating to Consent.

We spoke with two people who directly used the personal care service and external professionals all of whom told us they had confidence in the staff's abilities to provide good care. We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. All of the people who used the service and the relatives we spoke with told us that their regular care staff understood what people needed and appeared to have the appropriate skills. For example, one person told us, "They know what they are supposed to be doing and they don't let me down."

From our discussions with staff and review of staff files we found people had obtained suitable qualifications and experience to meet the requirements of their posts. All of the staff we spoke with provided personal care and told us they had received a range of training that was relevant to their role and this training was up to date. We found staff had completed mandatory training such as first aid, safe handling of medicines, moving and handling training as well as role specific training such as supporting people with a percutaneous endoscopic gastrostomy (PEG). A PEG is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus.

One staff member said; "We do training all the time especially in relation to moving and handling with different hoists and slings."

We saw induction processes were in place to support newly recruited staff. This included completing all of the mandatory training, reviewing the service's policies and procedures and shadowing more experienced staff. Staff were then supported by the service's training provider to achieve National Vocational Qualification awards.

Staff we spoke with during the inspection told us that they received supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw supervision

meetings had lapsed during 2017 when there was not a manager in post. The new manager showed us they had a plan for supervision for the rest of the year and told us, "I have a clear vision about supervision and I have already met with the two senior carers about this. I have looked at the format and changed it as it wasn't robust in terms of professional practice, roles, and training."

NEDRC staff supported people to have meals. This was in the form of preparing foods purchased by the person or family when they visited. They were not responsible for monitoring whether people's weights were within normal ranges but would raise concerns with visiting healthcare professionals such as the GP when needed. Some of the staff assisted with shopping but this was to obtain items the person had listed not to design the shopping list. In other situations it was the person's relative or carer who ensured they had an adequate diet.

The manager gave us examples of how they had raised concerns about people's health or welfare and had shared these concerns with families or their G.P. We spoke with an occupational therapist who told us, "They are very proactive, as a service they go out of their way to attend meetings and advocate on behalf of the person."

# Is the service caring?

## Our findings

People we spoke with who received personal care said they were very happy with the care and support provided. We found a range of support could be offered, which could mean staff visited once a day, several times a day or to support people with social and leisure activities. All visits were of a minimum of half an hour and people and staff told us that care and support was not rushed.

One external healthcare professional we spoke with said, "[Name] is really happy as it has given them more freedom and the staff know them really well."

The people we spoke with were able to discuss what type of support they received. We found that each person had a detailed assessment, which highlighted their needs. The assessment could be seen to have led to a range of care plans being developed, which we found from our discussions with staff and individuals met people's needs.

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information. We spoke with one person who told us about review meetings they attended and an external healthcare professional told us, "The service gave support when [Name] wanted it; it's worked out really well."

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with them. People told us; "I like the staff here," and "They make sure I am ok."

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. One staff member told us, "I make sure I reassure people, I tell them what and why I am doing something. I always make sure I keep people's dignity by doing things in private."

Staff supported people to be as independent as possible. This included taking people shopping so they could make their own choices.

We witnessed the manager dealing with a concern one person had mentioned during the course of our visit. They handled it quickly ensuring the person was listened to and then they went back to them and told them what they had done about it and checked that the person was then happy with their actions. This meant the service listened to people when they advocated for themselves.

The manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form positive relationships and promote the wellbeing of people who used the service.

## Is the service responsive?

### Our findings

Staff told us they encouraged and supported people to remain as independent as possible. The service provided a minimum half hour call and staff told us they did not feel rushed and were able to have meaningful time with people. We saw that staff were proactive in liaising with specialist services such as wheel chair services to ensure people were supported to be kept mobile and able to access the wider community.

The manager outlined the assessment process that would take place for new referrals. We saw that both people using the service currently were well known to the provider as they had attended the day centre run by NEDRC for many years before they started using the personal care service. Information was provided about person's care and support needs by, either the person or their carer or family member. This enabled the service to produce an informed care plan which involved all the relevant people.

Staff visited people at defined times during the day or week and we heard that should someone appear unwell when they visited staff take prompt action to deal with this concern. Daily records confirmed the care and support that was provided to people.

Care records included a summary of the person's background, medical history and care needs. Records described in detail what was required from staff at each visit and specific requirements with regard to mobility, personal care, medication, meal provision, domestic tasks, shopping and any other additional information. We discussed with the manager that the care plans could be more person centred to really reflect people's preferences and how they wished their support to be provided. The manager had already identified this need and showed us a new care plan format the service was going to be implementing. This was a much improved person centred approach format.

Care staff all worked at the main day service and so had already developed relationships with the two people using the service. We found the provider protected people from social isolation by providing escorts and respite sitting services. These included spending time with people, engaging in conversation, taking people on outings, shopping trips, holidays and assisting people to access the local community.

The manager explained to us the respect and understanding the service had for people of different religious and cultural backgrounds. We saw the service had an equal opportunities policy and we were told that care plans would ensure that people's needs in relation to their religious or cultural needs were recorded and supported by the service.

We saw a copy of the registered provider's complaints policy and procedure. Details of the complaints procedure were included in the service user guide. There had been one formal complaint recorded at the service in the previous 12 months and we saw this had been appropriately dealt with. The management team told us that if they received any concern or issue no matter how minor, they immediately spoke with the person to discuss and address their issues. We saw this happened on the day of our visit and the manager ensured the person was happy with the outcome.

## Is the service well-led?

### Our findings

At the time of our inspection visit, the service did not have a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had left at the start of 2016 and an interim manager was currently on sickness leave. We met with a manager brought in by the provider two weeks prior to our visit who was an experienced manager in the care sector. The provider agreed that they would put the manager forward to register with the Care Quality Commission at the earliest opportunity to ensure the service had stability and leadership.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. At the time of our inspection the service did not have a regular programme of formal audits to help monitor service quality. We found previous management oversight of quality assurance and auditing systems had been inconsistent. For example, the quality assurance policy was vague and had no system of checks for the manager to review the quality of the service such as care record audits or staff file checks. If a regular programme of checks had been in place then some of the issues we found such as gaps in medicine administration records and checking the content of care plan files for required documentation such as written consent would have been picked up and addressed. Recruitment records would also have been robust and would have followed the provider's own policy to ensure the right checks were carried out.

This was a breach of the Health and Social care Act 2014 Regulation 17 in relation to Good Governance.

We saw the manager had immediately found areas of improvement for the service in terms of recruitment procedures, supervision of staff and reviewing policies and procedures. They also told us about future plans for the service. They told us they were implementing a new person centred care plan approach and rotas to ensure that people's allocated times were clearly recorded. They also told us they had recognised there was not an up to date record of training for staff so they had just completed a training matrix and were busy allocating gaps where staff were due updates. The manager had also created a new staff induction programme to ensure new starters had a clear record of their training and support when they commenced employment. We found the new manager had begun to address the deficits we found in the service.

Northeast Disabilities Resource Centre (NDRC) is a charity, the broad aim of which is the enhancement of disabled people's lives. There was a clear structure in relation to the overall governance of the service in terms of the provider who was a regular presence at the service and a board of trustees who met on a regular basis.

Staff we spoke with were consistently passionate about the care they gave to people who used the service and the culture was focussed on the wellbeing of people who used the service.

The manager and provider discussed the process they used for checking if people were happy with the service and showed us the system. The service had undertaken a survey questionnaire with people who

used the service but it did not provide many detailed comments due to its 'tick box' format. We discussed with the manager who stated they were looking to review the form to give people the opportunity to comment and make suggestions about the service. We did see the service held regular meetings for people and the most recent meeting In June 2017 had discussed health and safety, staff and the day service amongst its agenda. The provider was fully involved in the day to day management service, and they had detailed knowledge of people's needs. They explained how they continually aimed to provide disabled people with good quality care and support that was responsive to their needs. Staff told us that the new manager and the provider were open, accessible and approachable.

The manager told us that at the present time with a small team of people, they tended to communicate daily as staff members also worked at the day service where the registered office was located, but we also saw staff meetings were held. Records of meeting in 2017 showed the service had discussed issues such as service developments and health and safety in two meetings during the year. All staff we spoke with confirmed they felt supported by the new manager. One staff member said, "I do feel supported since [Name] has been here and we know he's the person to get things changed."

We also looked at how NEDRC was meeting the requirement to notify CQC of certain incidents and events. Notifiable incidents are events that the service has a legal requirement to inform CQC about and when we prepared for this inspection we reviewed what the service had submitted. The service had only commenced in March 2017 and had not needed to submit any notifications but the manager was aware of when to notify CQC and safeguarding authorities.

We observed the manager dealing with an accident on the day of the inspection and a concern raised by a person using the service. They were sympathetic and very accommodating to the person and were extremely professional and courteous in their manner.

Any accidents and incidents that involved the services staff and people using the service were recorded but previously trends were not monitored or analysed. The manager told us they had begun this process when they commenced the service and we saw an incident that happened the previous day had been reviewed and actions taken to reduce the risk of reoccurrence.

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 11 HSCA RA Regulations 2014 Need for consent  There was no recorded consent to receive personal care from the person or their legal representative.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was not a quality audit system in place to check the safety and quality of the service.