

Hendon Community Care Centre Limited

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Inspection report

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24 September 2018

26 September 2018

27 September 2018

02 October 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

The inspection took place on 24, 26 and 27 September and 2 October 2018 and was announced. This meant the provider knew we would be inspecting on these dates.

Hendon Community Care Centre is a domiciliary care agency that provides personal care and support to people in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection there were 53 people receiving a regulated activity.

At our last comprehensive inspection in February 2016 we rated the service as 'Good' overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People and relatives felt the service was safe. Staff were confident in how to safeguard people from abuse and had received relevant training. Risks to people's safety and wellbeing were assessed and managed. People's medicines were administered in accordance with best practice and managed in a safe way. Staffing levels were appropriate and reflected people's needs. The provider employed robust recruitment procedures to keep people using the service safe.

People and relatives told us that staff knew how to support them effectively. Staff received regular training, supervisions and annual appraisals to support them in their roles. 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 supported with their nutritional needs and were supported to access a range of health professionals.

Staff treated people with dignity and respect at all times. People told us they felt comfortable with staff. Staff spoke highly of people and told us how much they loved their jobs. People were supported in a way that promoted their independence and choice. The service used a variety of methods to communicate effectively with people, depending on their needs. People would be supported to access advocacy services should they wish to.

Care plans were in place for meeting each person's individual needs. They were personalised, detailed and included people's preferences. Regular reviews were carried out with people about their care and support. People and relatives told us they knew how to raise concerns and felt confident in doing so. The provider had a complaints policy and procedure which was accessible to people. Complaints received were investigated and actioned in accordance with the policy and procedure.

There was an effective quality monitoring process. People's views were sought by the service via questionnaires and all feedback received was positive. Staff, people and relatives all spoke highly about the

management of the service and the open communication culture. The service communicated effectively with staff in the form of group and one to one meetings. Staff told us they felt the registered manager was very supportive. The service received numerous compliments from relatives of people who received support, as well as health professionals.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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| Is the service safe? The service had improved to good. | Good ● |
| Is the service effective? The service remains good. | Good ● |
| Is the service caring? The service remains good. | Good ● |
| Is the service responsive? The service remains good. | Good ● |
| Is the service well-led? The service remains good. | Good ● |

Hendon Community Care Centre Limited

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.

This comprehensive inspection took place between 24 September and 2 October 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is a community based service and we needed to be sure the office would be staffed. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Inspection site visit activity started on 26 September and ended on 27 September 2018. It included visits to the office location to see the registered manager and office staff; and to review care records and policies and procedures. We made telephone calls to staff, people and relatives on 24 September and 2 October 2018.

During the inspection we spoke with four people and eight relatives. We also spoke with six members of staff, including the registered manager, the human resources manager, the risk assessment and monitoring officer, a supervisor and two care workers. We looked at three people's care records and twelve people's medicine records. We reviewed two staff files, including records of the recruitment process. We also reviewed supervision, appraisal and training records as well as records relating to the management of the service.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally required to let us know about.

Due to technical problems, the provider was not able to complete a 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.

As part of our planning we contacted the local authority commissioners of the service, the local authority safeguarding team and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback that they gave us to inform our planning and judgements.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was not always safe and awarded a rating of Requires Improvement in this domain. At this inspection, we found the service was safe and awarded an improved rating of good in this domain.

People and relatives we spoke with told us that they felt the service was safe. One person said, "Yes I feel safe with the carers. They do an excellent job." Another person told us, "I have carers who come each morning who help me get dressed and showered and get me a cup of tea. I feel very safe with them." Comments from relatives included, "They are really good with her. She feels really safe with them. [Family member] is blind as well as bed ridden, so she needs to feel safe with the carers. They are very good with her", "Yes, very safe. The carers handle him very well, very confident. They have to help him out of bed, out of his chair into his wheelchair and they do it very safely" and "Yes, they are definitely safe with the carers. I have seen the quality of the care they provide and how professional they are. Always clean and there haven't been any problems in all the years they have been looking after them."

Medicines were administered and managed in a safe way for those people who required support to take their medicines. One person said, "I do get tablets from the carers. They always give me them on time." A relative told us, "The carers do give them (family members) medication and we've had no problems." Another relative commented, "Yes, they do give [family member]'s medication well." Medicine Administration Records (MARs) and Topical Medicine Administration Records (TMARs) were completed accurately.

Staff we spoke with were confident about how to safeguard people from abuse and report any concerns. Staff had also received relevant training. Safeguarding concerns were alerted to the local authority in a timely way.

We found that risk assessments were carried out based on the needs of people who lived at the home. Outcomes of risk assessments were carried forward to care planning with appropriate measures in place to mitigate those risks identified.

There were sufficient numbers of staff deployed to meet people's needs. One person said, "They don't seem rushed or short staffed." Another person told us, "They come here on time and are very good. I get a copy of their rota and they let me know who is coming and when." A relative commented, "The carers are always on time and there are always two carers for every visit. There have never been any missed calls due to shortage of staff." The provider continued to recruit staff in a safe way with all necessary pre-employment checks carried out including references and Disclosure and Barring Service (DBS) checks.

The provider had an accidents and incidents policy. Falls people had experienced were recorded in the electronic care system. The registered manager told us he monitored these and said, "If we saw a pattern on the logs we would pass it on to the falls team." There were no patterns at the time of the inspection.

Care plans included guidance for staff in relation to infection control. For example, one person's care plan stated, "Carer to wash hands and put on protective gloves and apron" prior to providing support. Staff had received up to date infection control training.

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 and their relatives told us they felt staff knew how to care for them. One person said, "Yes they know how to care for me. (They are) very thoughtful." Another person told us, "Yes the carers do know what they are doing. Very confident and good." Comments from relatives included, "Yes my [family member] gets very good care and they all know what she needs. Everything is written down and we had a thorough assessment before it started", "We have had meetings to discuss what care my [family members] need. It has changed over time. They are very good" and "Yes the staff know how to care for my [family member]."

There was a comprehensive training programme to develop and maintain staff knowledge and skills. Specific training was also available in relation to specific needs of people such as dementia, challenging behaviour and Percutaneous Endoscopic Gastrostomy. PEG allows nutrition, fluids and/or medications to be put directly into the stomach via a feeding tube. One staff member said, "The training is good." Another staff member told us, "We definitely get enough training. If anything changes we get updated and are given more training."

Staff were also supported through regular supervisions and annual appraisals with the human resources manager and supervisors. One staff member told us, "Sometimes they come out to the house and watch you do your job and let you know if there's anything you could do better. Other times you go to the office to chat with [human resources manager] about how things are going and any concerns you have." Staff told us supervisions were helpful and supportive to their roles.

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. We checked whether the service was working within the principles of the MCA. At the time of the inspection everyone receiving support from the service had capacity to make decisions relating to their care. Consent and choice was promoted throughout the service and where it was appropriate, relatives supported people to make decisions. We saw signed consent forms in people's care files for things such as administering and storage of medicines and receiving specific support.

People were supported with their nutritional needs as required. Details of people's preferences in relation to food and drinks were recorded in their care files. At the time of the inspection no one required physical support to eat their meals but staff prepared food for some people during calls to their home to encourage them to eat regularly.

People were supported to access healthcare services and received ongoing support. Appointments were made to GP's, district nurses and other health professionals as required. One person said, "Sometimes a

podiatrist comes to the house. Also, a District Nurse comes out." A relative told us, "The girls will ring me if they think [family member] needs to see a GP or they will phone the nurses."

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 and relatives spoke very highly of the staff team and the provision of care that they delivered. One person said, "They are very good." A relative told us, "Staff treat her really well." Another relative commented, "I've been with my [family members] on occasions when the carers are there and they are lovely with them."

Staff treated people with dignity and respect. One person said, "I have a shower three times a week and they do treat me with dignity and respect." A relative told us, "Yes, I have no doubt about that. He knows very well what he wants and tells me the carers do treat him with respect." Another relative commented, "They leave the room and shut the curtains. They go and (support family member) afterwards when they call them. It's very dignified."

Staff spoke highly of the people that they cared for and supported. They also told us how much they enjoyed their roles. One staff member said, "I love working in the service and with the people." Another staff member told us, "I love my job, knowing its helping people to keep their independence and self-worth."

People received a 'service user guide' when they first started using the service. The guide contained information about the provider and the service. This included contact details, a guide to what to expect from the service and how to raise any concerns or share their views.

People were supported to be as independent as possible and their capabilities were included in their care files. One staff member said, "You know a person's capabilities and if they can do it, I let them do things themselves and I'll help with things they can't."

Most people could communicate their wishes to staff verbally. However, people who were unable to, used alternative methods of communication. One person's care plan stated, "[Person] has no speech due to a stroke but communicates by writing on a white board. Another person's care plan instructed staff to speak slowly and clearly whilst face to face with them to meet their communication needs.

People could express their views with and without support from their relatives. The registered manager told us at the time of the inspection that no one was actively receiving support from an advocacy service. Advocates help to ensure that people's views and preferences are heard. They said, "If anybody needed an advocate we would source local advocacy services."

All files containing confidential information including people's care files, staff files, daily logs and other records relating to the service were securely stored. Computers were secure and only accessible to dedicated staff. This meant people's private information was stored securely and confidentiality was maintained.

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.

People and relatives told us they felt the service was responsive. One relative said, "We can choose what the care looks like. It was trial and error in the first instance and it has taken a little bit of time to get it right with timings etc. It was all adapted and my [family member] is very happy with the care he gets."

People had their needs assessed prior to receiving care and support. Assessments were used to gather personal information about people to help the registered manager understand their needs and to inform care plans. The risk assessment and monitoring officer said, "We already have the assessments from the social workers so we know what the person needs. We just need to discuss the finer details and how they would like their care."

People had care plans in place to meet the needs identified in their assessments. Care plans were detailed and contained people's choices and preferences. Care records were personalised and reflective of people's individual needs. They also included daily routines for people which detailed how staff were to support people from the point of arriving at a person's home and how to enter their property to providing all support and leaving.

People told us and records showed that care plans were reviewed regularly and reflected people's changing needs. One person said, "Yes, I have gone through the care plan with staff and that has been reviewed several times." A relative told us, "We are involved in any reviews and we get questionnaires all the time. I fill it in on [family member]'s behalf. People come out and check that things are running smoothly."

People and their relatives told us they knew how to raise concerns. One person said, "Yes I know how to complain, but I have never had to. I would complain if I had to." Another person said, "I would make a complaint to the office first." Comments from relatives included, "I would talk to the manager and see what the reaction was" and "I would go to the office to discuss it." Everyone we spoke with told us they had never needed to make a complaint. The service had received two complaints in the past 12 months. The provider had a complaints policy and procedure that was made available to all.

At the time of the inspection no one was receiving end of life care. The registered manager told us they had supported people previously who were receiving end of life care. They supported people alongside health professionals such as district nurses. Staff had received up to date training in end of life care.

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.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered 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 received positive feedback from people and relatives regarding the management and running of the service. Comments included, "I have met the manager; I know the risk assessment officer and I speak to the supervisors regularly. We communicate well and everything runs smoothly", "They always seem to know what's going on, especially if I have raised an issue" and "I haven't had a need to speak with the Manager very often, but when I have, he has been very helpful."

All the staff we spoke with were complimentary of the management team and provider. One staff member said, "They're a good company to work for. I feel very supported by them. If I've got any queries I just go to one of the girls in the office." Another staff member told us, "I definitely feel supported by the office and the team I work with. (Management) are fine, very approachable. If I have any concerns I know I can go to the office and speak with them in confidence."

The service held staff meetings only when required. For example, to share lessons learned. The risk assessment and monitoring officer said, "Staff come in for their rotas every week so we see them regularly." A supervisor told us, "We see staff on a one to one basis if there's anything to share or discuss. We also put memos in with staff rotas when needed." Memos were used to communicate with and provide staff with specific information.

People were asked their views through questionnaires that were sent out every six months. People told us they found these useful and felt listened to, as the provider had taken actions from comments they had made. We reviewed a selection of questionnaires received by the service which were all positive. Comments included, "I am very happy with the service I receive", "All the girls are lovely", "Very good" and "Very nice."

There was a quality monitoring system and governance structure in place, that ensured that the service and staff continued to perform well and meet all regulatory requirements. Regular quality audits included medicines management, staff files and care plan reviews. The registered manager said, "I have a look at a sample of care records each month." Any identified actions were recorded and signed off when completed.

The service had received a number of compliments in the form of 'thank you' cards since the last inspection from health professionals and relatives of people who received support. Comments included, "Thanks for all you've done for [family member]. You've done a great job", "The devotion and care shown to [family member] has been a great comfort to us", "The care services you provided allowed [family member] to stay

independent for far longer than we could have imagined" and "Thank you again for your kindness and compassion."