Support Direct Limited

Hanwell Community Centre

Inspection report

Hanwell Community Centre
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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

At our inspection in December 2016, we found two breaches of the regulations in relation to Safe care and treatment and Good governance and the service was rated Requires improvement. This was because there were errors in the recording of medicines administration and risks to people were not assessed in an individualised and person centred manner. In addition, the oversight and monitoring of safeguarding concerns, accidents and incidents and complaints was not robust.

Following the last inspection, the provider sent us an action plan and told us they would make all the necessary improvements by June 2017. At this inspection we found the provider has made the improvements they said they would make.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the They provide a service to older adults some of whom are living with dementia. A service is also provided to people with mental health concerns and younger disabled adults who may have learning disabilities, physical disabilities, sensory impairments and people who misuse drugs and alcohol.

Not everyone using Hanwell Community Centre receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, the provider was offering personal care support to 81 people.

There was a registered manager in post. A registered 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.

During our inspection we found that the provider had made improvements to the risk assessment process. People's risk assessments were more person centred. A new risk assessment format was being implemented and this supported staff to consider the individual. We noted that not all people had been assessed using the new format and some risk assessments were still written by hand which made it more difficult for staff to read. We brought this to the registered manager's attention who agreed to address this.

Care staff had received medicines administration refresher training. We checked medicines administration and found that medicines were being administered appropriately by staff. The manager and service manager audited the medicines administration records to ensure staff were competent to manage people's medicines.

The provider had taken action to improve their oversight and analysis of safeguarding concerns, accidents, incidents, and complaints. They had employed an administrator who had created a database to ensure that each concern was reported appropriately, investigated and the outcome evaluated.

During our last inspection, we found that some staff did not have a good command of English. We found that the provider now requested new staff to undertake a spoken English and literacy test before they were employed, to ensure their competency to communicate effectively with people receiving a service.

Auditing of the service has improved and the database prompted office staff to undertake people's reviews in a timely manner, and highlighting when staff supervision sessions and training were due.

People and their relatives all spoke very positively about the service they received from the provider. Their comments included that care staff as, "Gentle and patient" and "Kind and friendly." They found the office staff approachable and responsive and knew how to raise concerns and make complaints.

Care staff spoke positively about the people and told us how they offered choices to people and supported their wishes. They had guidance about how to communicate with people and took time to get to know people they worked with.

The provider had systems in place for the safe recruitment of staff and there were enough staff that were deployed to meet the needs of the people using the service.

Staff told us they were well supported and had received training to support them to undertake their role.

The provider was working under the Mental Capacity Act 2005 and staff could tell us about their responsibilities to support people to make decisions.

The provider prior to a service commencing assessed people's needs and prepared person centred care plans that gave staff guidance as to how care and support should be provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. The provider had procedures in place to support staff to recognise and report safeguarding adult concerns which staff were familiar with.

There were systems in place to promote the safe administration of medicines. Auditing of medicines records took place to ensure errors were identified and addressed appropriately.

The provider followed their recruitment procedure for the safe recruitment of staff. They employed suitably trained staff to meet the needs of the people receiving a service

Staff undertook risk assessments to ensure that risks to people were identified and measures were taken to mitigate the risk of harm to people.

Staff used protective equipment appropriately to manage the risk of cross contamination.

Is the service effective?

Good

The service was effective. The provider undertook an assessment of people's support needs prior to offering them a service.

The provider worked under the Mental Capacity Act 2005 and staff understood the importance of offering people choices and supporting them to make decisions.

The provider ensured that care staff received training and supervision to support them to undertake their role effectively.

Care staff supported people to eat and to drink enough to remain hydrated.

The provider supported people to access appropriate health care.

Is the service caring?

Good

The service was caring. People and relatives all described care staff in positive terms finding them kind and caring.

Care staff promoted people's dignity and privacy.

Care plans informed staff how people communicated and staff supported people to make their wishes known.

Is the service responsive?

Good

The service was responsive. The provider had a complaints policy and procedure that they implemented to respond to people's and relative's complaints and concerns appropriately.

Care plans were person centred and reviewed regularly to ensure care was delivered, as people wanted it be provided.

Is the service well-led?

Good

The service was well led. The provider had improved systems for monitoring the quality and safety of the service provided.

People, relatives, and staff described the registered manager as accessible and responsive to concerns raised.

The provider encouraged feedback from people, relatives and staff to improve and create a sustainable service.

The service worked in partnership with the local authority.

Hanwell 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.

This inspection took place on 8 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of an 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 care service.

Prior to this inspection, we reviewed information we held about the service. This included previous inspection reports, the provider's action plan that told us how they intended to address the breaches found at the previous inspection and notifications we had received. A notification is information about important events and incidents that the provider is required to send us by law.

We reviewed four people's care records. This included associated documents such as risk assessments, recording charts and daily notes. We also reviewed four people's medicines records.

During the inspection, we reviewed four staff personnel records, including their recruitment and training documentation. We spoke with four care staff, the care coordinator, the administration and financial assistant, the operations manager, and the registered manager. Following our inspection, we spoke with eight people who used the service and five people's relatives.

Good

Is the service safe?

Our findings

At the previous inspection in December 2016, we found the provider had not assessed risks to people in an individualised manner. At this inspection, we found that the provider had put systems in place to address this concern. We found the provider was assessing risks to people in a person centred manner. Risks to people that had been assessed included those associated with the management of medicines, falls, people's finances, inability to reposition in bed, use of a hoist, mobility, and skin integrity. When a risk was identified, this was highlighted and graded as low, medium, or high risk. There were measures in place for staff about how to mitigate the risk of harm to people.

There was an improved risk assessment form for all risks and this was being implemented for all people. We saw evidence that reviews of the risk assessments had been taking place. Whilst the assessment of risks was now being undertaken in an appropriate manner in all records seen, some older hand written forms were not always legible for staff to clearly understand the action they needed to take to mitigate any identified risk. We brought this to the registered manager's and care coordinators' attention. They explained that as people had their six-month review the new forms would be utilised and this would ensure greater legibility.

At the last inspection, we found care staff had not always completed medicines administration records appropriately and the provider had not identified this through checks and audits. Since the last inspection, there was a revised medicines administration process and the medicines audits had been made more robust. Staff were trained in the administration of medicines. People's medicines records stated clearly if people or relatives managed their medicines and gave guidance to care staff to talk with the office if they thought there was a problem with this arrangement. Records also differentiated if medicines were in a blister pack for administration or in the original packaging.

Medicine administration records (MAR) reviewed were completed appropriately. Most medicines administered were in blister packs and staff now recorded on the MAR all medicines that were prescribed for people, including courses of antibiotics or eye drops. The registered manager and service manager were able to check and advise any care staff if they had queries with regard to the medicines administration. Office staff undertook audits of the medicine administration records to check care staff remained competent in this role. When an error had occurred and where appropriate, it was raised as a possible safeguarding referral with the local authority and investigated by the registered manager. On these occasions, and if necessary, the care staff involved were given refresher medicines administration training to ensure learning from the incident was shared with the staff team.

At our previous inspection in December 2016 there had not be a robust overview of safeguarding concerns. During this inspection the registered manager demonstrated that they reported safeguarding adults concerns appropriately to the local authority and to the CQC. The registered manager monitored incidents and accidents and audited daily logs to ensure all concerns were identified. They now kept an electronic database that recorded concerns so they had an overview of any issues and could track outcomes and monitor trends in the service.

The registered manager described that now they had an overview of safeguarding concerns, accidents, incidents, and complaints they learnt from mistakes when things went wrong. They told us, "The electronic database helps analysis, we look at patterns and learn lessons from it." They gave an example that when care workers made mistakes they used these incidents as specific examples in staff training so new and existing staff could learn real life examples.

The provider had systems in place to support staff to recognise and report safeguarding adult concerns. People said they felt safe with their care staff and they told us for example, "My goodness yes, I do feel safe with them" and "Really I do feel safe with them." Relative's comments were also positive, they included, "I am very sure she is safe with them, they seem so good," and "My [family member] is very safe with them." Care staff had received safeguarding adult training and told us how they would recognise and report abuse. One staff member said, "I would record and report to the office, tell the manager what I have seen, if the manager does not help me I would speak to the social worker, or the local authority …I would whistle blow."

At the last inspection we found that not all care staff had a good command of English. To address this, prospective staff undertook an initial assessment that included a literacy assessment. This was to ensure they had good spoken English and the necessary literacy skills to complete people's daily care records. All prospective staff completed an interview to ascertain that they had the necessary skills and aptitude for the caring role. The provider undertook a number of recruitment checks including criminal records checks, proof of identity, right to work in the UK and references. We noted that one person's reference was not their immediate previous employer but from an earlier employer. We brought this to the registered manager's attention and they agreed to address this.

The registered manager explained that they had an ongoing recruitment and they allocated care staff to specific people when possible so there was a continuity of care. They explained they recruited staff from their links with the local community and could ensure through their networking there was always prospective staff members. They tried to have several staff that were known to the person so there was always a familiar face for the person to recognise. The office staff explained they tried to ensure staff did not have a long travel time between calls. They told us if they did not have enough staff to cover in a specific area where it was harder to recruit staff they would not accept the referral. Staff confirmed there was enough travel time allotted. One care staff said "Yes enough time between calls, they organise it well."

People told us staff were usually punctual and their comments included, "They are on time and it is usually my regular lady" and "They come on time and there is only a few minutes between them both coming." On occasion, some people said they found they were not sure who the replacement care staff were when their regular staff were on leave. However, when they had raised this it had been addressed by the office staff. People said for example, "I don't know who is coming, but I don't mind as they are all lovely but I do have regulars" and "I spoke to them [about not knowing who was supporting them] and this time they did ring and tell me, so that was better so I hope they keep doing that."

Care staff received their rotas via their mobile phones or by email or collected these from the office so they knew in advance, who they would be supporting. There was an electronic system to monitor calls and to help ensure there were no missed calls. Care staff logged in and out of their calls and the office staff were alerted by the system if care staff were late. During office hours, the alerts came to the office. We observed an office staff member following up an alert and making alternative arrangements when the system flagged there was a delay in the carer arriving at their call. During out of office hours the alerts went to the 'on call' officer who would then follow up to enquire why a delay had occurred and take appropriate action to cover if necessary.

The care staff received infection control training and protective equipment such as gloves and aprons to minimise the risk of cross infection. All people spoken with told us that the care staff used protective equipment appropriately when they were providing care and support. One person said, "They wear their gloves and aprons, they are quite exacting about all that kind of stuff."

Good

Is the service effective?

Our findings

The provider met with people and completed initial assessment of their needs prior to offering a package of care. Most people being offered a service were referred via the local authorities and as such, the provider received an assessment and support plan that gave information from the person's social worker. The provider used the assessment information and met with the person to understand the person's support needs and to inform care plans. People confirmed that the provider had met with them prior to receiving a service. One person told us, "I had this [care plan] from the Hospital, but they did come and see me and did the care plan and they have been for a review . . .they have been most pleasant."

All care staff spoken said they were well supported by the provider. Care staff had three monthly supervision sessions and felt they could ask for support or advice whenever it was needed. Staff confirmed that they had received a thorough induction prior to commencing their post. One staff member told us, "They trained me even though I was experienced as a carer, yes it was so good. If you didn't understand you could have a one to one session with the manager to help understand." Part of the induction was shadowing experienced staff, and care staff confirmed this was helpful in understanding what was required to work with each person.

In addition, there was ongoing refresher training. Staff's comments included, "Every three months or very often there is training, we take part all of the time. If we don't pass we have to come back and take it again" and "They are good for training." We saw that staff training included safeguarding adults, medicines, infection control, food hygiene, Mental Capacity Act 2005 (MCA), first aid, mental health awareness, and moving and handling.

People's care plans contained guidance as to what support they required with meal preparation and gave examples of foods people enjoyed and stated how to give people their meal choice. One person told us, "They do my meals, they make porridge in the morning and I have ready meals or they make me a nice toasted cheese sandwich, I enjoy that." Care staff could tell us how they encouraged people to eat healthily and have a choice of meals. Care staff recorded in people's activities logs what food they had eaten during each call and if they had a drink. Care plans guidance prompted staff to leave drinks to keep people hydrated stating for example, "Make sure [service user] has a drink and snack for later."

Care staff supported some people who had dietary requirements. One person's plan stated that they had a soft diet only. Documents referenced clearly that the person was on a soft diet and the risk assessment informed staff to avoid giving biscuits, as they were a choking hazard for the person. However, we brought to the registered managers attention that guidance for staff as to what constituted a soft diet was not very explicit to ensure staff were fully aware of what this meant. The registered manager agreed to address this.

The provider worked with health professionals to ensure that people had access to the appropriate health care. Care staff asked the office staff to contact the relevant health professionals when people they supported needed medical attention. For example, we saw from people's records that care staff contacted the emergency services to attend people when they were found after a fall. They had contacted the GP when

people appeared unwell and informed people's relatives and contacted the district nurses for people when they had required support with wound dressings. We saw from daily records that care staff took appropriate action to let the office staff know if they felt there was a health concern that was becoming apparent or a condition that was deteriorating.

The 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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. During this inspection, we checked to ensure the provider was working within the principles of the MCA.

Staff had received MCA training and were able to tell us how they gave people choice. One staff member told us, "Some people have the ability to make a decision, some people we work have a lack of insight that hinders their ability to make a decision, but we promote their independence, help them to make their own decision about their clothes and food. We make sure they have their choice." The registered manager explained that they work closely with the local authority and if people showed signs of lacking mental capacity to make certain decisions they would speak to the local authority. In response, the local authority undertook a mental capacity assessment to assess the person's capacity and undertook a best interests decision if appropriate to decide how care should be delivered.

The provider recorded and confirmed when people's relatives had a Lasting Power of Attorney. This is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. As such, the provider was able to demonstrate they were working according to the MCA principles.

Good

Is the service caring?

Our findings

All people were very positive about the care staff. Their comments included, "They are all very nice," "They are lovely the girls," "They are perfect, my carers are perfect" and "The carers are very good, very pleasant." Relatives also spoke highly of the service received. One relative told us, "I really could not ask for better and they look after me as well which is nice."

Care staff spoke enthusiastically about their caring role. One care staff said , "It is a very rewarding job I love doing it" and another "I always enjoy my work and I am happy to support whoever needs help." Staff described they always talked with people to build a bond with them and their relatives. One staff member told us, "Communication is very important. I have to explain myself. I show respect and care…I am always respectful and helpful." Another care worker described, "Most clients are very lonely, and they live by themselves. I tell them what is happening in the outside world, sometimes I am the only person they see. I keep it professional but I talk with them and I am respectful I always remember it is their house."

Care plans gave staff guidance about what support people required to communicate. This supported staff to help people make decisions about how their care was provided. For example, if people used a hearing aid to understand what was being said to them or if they were able to use gestures and pointing to make a choice. One care worker told us, "Most of my clients wear hearing aids or glasses, you have to see if the hearing aid is in and know the side they wear it." They described using the internet to learn some sign language to help them communicate more effectively with someone who used some British sign language. Another staff member told us how they gave someone choice because the person found it hard to say verbally what they wanted to eat. "I go to the kitchen and I take a few different foods to them to give them a choice then I give them a choice of tea, coffee and orange juice."

Care staff described how they talked with people to get to know them and to let them know what was taking place when they were working with them. One relative told us, "The girls are so kind and friendly to my [Relative]. My [Relative] doesn't do much now, they can only speak occasionally but they have started to smile at them now and they [Care staff]) have been so excited that she has responded to them. It has been lovely, they chat to her all the time. I am seriously impressed with how good they are."

Care staff was able to tell us how they promoted people's dignity and privacy. Their comments included, "I always ask them do you need a wash? I close the curtains and shut the door, some are able to wash themselves, I give them their privacy," and "When I'm giving personal care I close the door and close the shower curtains and don't allow people to come in."

Information was kept in a confidential manner in the office and staff were aware of the need to keep people's information securely. Care staff talked of keeping people's information in a confidential manner. For example, one care staff said , "We shouldn't tell other people about the client and others. We are not allowed to talk about people [to third parties]."

Good

Is the service responsive?

Our findings

At our previous inspection in December 2016, we found that the registered manager was not dealing with complaints according to the provider's processes. During this inspection, we found that complaints had been recorded appropriately. The registered manager had an electronic database that recorded complaints and facilitated an oversight of complaints to support them to identify and address trends in the service. People and relatives told us they knew how to complain and could talk with the staff in the office at any time and concerns would be addressed.

There had been a number of complaints recorded since the last inspection. These had been acknowledged, investigated, and responded to by the registered manager appropriately. Actions had been taken to address specific concerns with the staff involved and when it was appropriate complaints had been shared with the care staff. The registered manager had on occasion used complaints as an example of poor practice in staff training. This included for example when care staff had been conversing with other staff in their own language in a person's house.

People and their relatives told us that they had a care plan that described how they wanted their care provided and that their care plans were reviewed on a regular basis. Their comments included, "There is a care plan here and they come and talk to us about it sometimes, they all seem very nice," and "They are all nice to me, they come every 6 months to see me and check the plan."

People's care plans were person centred and gave a picture of the person's background and interests. This was brief in one file seen, however as reviews took place information was being gathered to make each person's file more informative. People's records reviewed included who was important to the person such as family members and what was important to them. This included their pets. People's plans recorded how they liked to be addressed and if they had specific requests with regard to staff such as if they preferred female staff or older staff or if they required one specific staff member as they found it hard to get used to new people. This help to ensure that the care staff understood the person in the context of their life and that the support offered was appropriate.

People's diversity needs were also specified in their care records so staff had information about the person's cultural and religious support needs and knew how to meet these. The registered manager told us that many of the care staff were Muslim and that they had some religious restrictions in preparing some food and drink. To ensure they could meet people's cultural requirements in terms of food and drink they gave an example of one person who enjoyed an alcoholic drink following their meal and how they had arranged for a non-practising Muslim care staff to visit each day specifically to serve the drink to the person. This was a good example of the provider demonstrating that people's care should be provided as they wished it to be.

Care plans reminded care staff of the importance of people retaining their independence and stated for example, "Carers should remember [service user] values their independence and should be encouraged to be involved in all activities in their care."

Care plans described when care calls were to take place and what support was required at each call. Information was clear for staff with guidance for each call broken down into what care should be provided. It was evident that care plans were reviewed regularly to check that the information was still relevant and to ensure that there was still enough time to meet people's changing care needs. We saw an example of when calls had been decreased as a person became more able to manage for themselves and care plans when a person's health had deteriorated and hours had been increased to meet the increased support needs of the person. As such, the provider demonstrated they were responsive to people's changing support needs.

When appropriate there was end of life information in some of the care plans reviewed. For example, one person had stated that they wanted a natural death. We reviewed office copy care plans and we saw that a Do not attempt cardiopulmonary resuscitation (DNACPR) was referred in the care plan. However, the DNACPR were not available for us to review as we were told it was kept in the person's home file. The registered manager told us that should a person be assessed by the health services as requiring palliative care they would work with the palliative care team to ensure that the care plan reflected their end of life care needs.

Good

Is the service well-led?

Our findings

Following the last inspection in December 2016 when we found that the provider did not have a good oversight of the quality of the service provision, there had been improvements to the quality assurance systems in the service. The registered manager told us, "Quality of care is the key thing." There were now systems in place to monitor that the service was providing good quality care. The registered manager had employed an administration and financial assistant and an operations manager to help improve their data systems and information management. This had led to an improvement in the day-to-day running and management of the service and importantly had led to more effective oversight. The registered manager was well supported by the office team that also included a service manager and a care coordinator.

There was now an oversight of safeguarding, complaints, accidents, and incidents. The new database captured trends in the service and produced statistics to support the registered manager to have a clear oversight each month of trends in the service. The system also planned reviews for people and supported office staff to plan staff supervision, appraisals, and training sessions.

The electronic planning system supported the call planning and was a good monitoring tool to check staff attendance and length of call time. In addition, the care coordinator and two field supervisors undertook staff spot checks every six months and audited people's activities records to check staff performance.

The service had a provider assessment by the local authority in February 2018 and had received 'Good' in all their domains and standards. The service had welcomed the local authority's assessment of the service and gave examples of where they had implemented suggestions and advice made, as a result of the assessment.

People and relatives using the service were asked for their feedback on the service provided in bi-monthly telephone monitoring and in their care plan reviews. People confirmed that they found the provider approachable and could raise any issues they might have. Their comments were all very positive about the service they received. Comments included, "The office is very helpful, it works well", and "I couldn't ask for better, they are very helpful" and "Well it is excellent, I can't fault it at all, you tell the CQC from me, I couldn't ask for better."

In addition, a satisfaction survey of people and their relatives was undertaken in 2017 and the provider had produced a comprehensive report on stakeholder responses. People's responses were in the majority excellent or good for all questions answered. On occasion, there was a small percentage who were not satisfied with the service. For instance, whilst 85% of people stated they found the care they received overall was excellent and 11% found it was good the provider acknowledged that 4 % of people thought it was not good. They put recommendations in the report to explore how they could investigate the issues and provide a good service to those people.

The care staff felt supported by the registered manager and office staff and their feedback and views of the service were valued. Care staff all described the registered manager in positive terms. Their comments included, "[Registered manager] is very approachable, he listens and quickly reacts., It's very good the way

he is there for you, very supportive" and "Absolutely, never felt uncomfortable [raising issues], you can tell him anything." Care staff also confirmed that the office staff were responsive when they requested support, "The office staff are very supportive. If we have something to ask them they listen, they are very good." The service had just started having regular care staff meetings. One had taken place in February 2018 and they were scheduled throughout the year on a two monthly basis. Agenda items included, 'listening to care staff' to give staff an opportunity to speak about the challenges of their role.

The service had a business plan in 2017 to ensure sustainability over the following three years. There were two main objectives. Objective one, "To deliver high quality, safe, caring, effective, responsive, and well-led domiciliary care to people who need the service in the community" and "To undertake organisational development in order to ensure the realisation of objective one." The registered manager explained they were now aiming to deliver quality care to a consistently high standard, and they were working in partnership with the local authority to ensure sustainability. The registered manager worked closely with the local authority brokerage team in offering a service to the local population and attended provider forums to keep up to date with development in the care sector and changes in policy and legislation.