Sunderland Home Care Associates (20-20) Limited

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Inspection report

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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

The inspection took place on 2 and 25 February and 2 March 2016 and was announced. The service was last inspected in December 2013 and met the regulations we inspected against at that time.

Sunderland Home Associates (SHCA) 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 for people in Sunderland.

The service had a registered manager. 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.

At the time of the inspection the registered manager was not actively managing the service. A registered manager from another location was supporting the deputy manager in the day to day management.

The registered provider had breached regulations 9, 12 and 17 of the Health and Social Care Act 2014. You can see what action we told the provider to take at the back of the full version of the report.

We found that people's care plans did not always contain accurate information on how to support them. Records held in the office were not always fully completed with documents lacking detail. Records in people's homes also lacked up to date information. We found that even though spot checks had been completed and people's reviews had been completed, these had not picked up changes in people's needs.

We found that people's care records did not contain up to date risk assessments. Records held in the office and in the community were not always fully completed. Risk assessments were not effectively reviewed and did not pick up changes in need.

We found that the processes the service had for assessing and monitoring the quality of record keeping was limited. The provider's quality assurance process did not take into account a managerial oversight of the service in relation to the quality or effectiveness of care records.

The business continuity plan was dated 2011 and did not contain up to date contact information. There was no evidence to demonstrate the plan had been reviewed.

Relatives and people were happy with their care. One person told us, "We are very happy with the care they give us." Another commented, "The male carers are brilliant." One relative told us, "They look after [family member] they are magnificent with them." Another relative commented, "They are very good and always arrive on time, logging in and out."

Relatives and people told us the service was safe. One relative said, "The care is safe, training with the hoist was done here. Staff follow the moving and handling plan that the local authority developed." Staff knew how to contact other health care professionals when necessary and felt confident in doing so.

The registered provider operated a robust recruitment procedure which included ensuring appropriate checks were undertaken before staff started work. Staff had completed mandatory training required to perform their role. Training was up to date and refreshed as necessary. Staff received regular supervision and annual appraisals.

Staff said they were well supported and trained to carry out their caring role. One staff member said, "I am new to care and did extra shadowing until I felt confident." Another staff member said, "We get a good amount of training, this is a brilliant organisation to work for."

Staff had a good understanding of safeguarding and whistleblowing. Staff were able to describe the signs of potential abuse. Staff we spoke to had a clear understanding of what actions to take if they had concerns about a person's safety or treatment. They were confident that any concerns would be listened to and investigated to make sure people were protected. One staff member said, "I would contact the office and report to the manager." Another staff member said, "I would speak to the manager at any time I was concerned."

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty and knew how support people with making day to day choices and decisions.

People were supported by a consistent staff team. One relative told us, "It is important to have consistency, we get a rota every week." They went on to say, "Staff stay for the full-time and are generally on time."

We saw that systems were in place for recording and managing safeguarding concerns, complaints, accidents and incidents. The service maintained a log of all safeguarding alerts which showed that appropriate action was taken.

Relatives and people knew how to complain if they were unhappy with their care. People we spoke with had not raised any complaints with the service. One relative said, "I have nothing to complain about." The service logged complaints and compliments it received. Complaints received during 2015 had been investigated and the outcome recorded.

There were opportunities for staff members to give their views about the service, through attending team meetings and supervisions. One staff member said, "I attend regular team meetings."

The service had a process in place to capture people's views of the service along with relatives. We saw positive feedback had been received following the most recent consultation with people using the service.

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. Risks to people were not managed in a safe way, therefore staff did not always have the up to date information to enable them to provide consistent and safe care.

Staff knew who to report any concerns to about the safety and welfare of people.

The registered provider had an effective recruitment system.

Is the service effective?

Good

The service was effective. People felt the service was meeting their needs and that staff were competent and appropriately trained.

Staff received regular supervision and annual appraisals to support their development.

Staff understood the Mental Capacity Act 2005 (MCA) and the reason for gaining consent before supporting people.

Is the service caring?

Good

The service was caring. Relatives felt the staff were caring and there was good relationships between staff and people.

People felt their dignity, privacy and independence was promoted.

The service had information about advocacy.

Is the service responsive?

Requires Improvement

The service was not always responsive. Care plans did not reflect changes in people's needs.

Care records did not contain information about people's preferences, likes and dislikes.

Relatives said they knew how to raise concerns and were

confident these would be dealt with.

Is the service well-led?

Requires Improvement

The service was not always well led. The service did not have an effective quality assurance system in place.

Relatives and staff felt the registered manager was approachable, open and supportive.

Staff attended regular team meetings.

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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 2 and 25 February and 2 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office.

The inspection was carried out by one adult social care inspector.

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 and safeguarding team for the service 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.

We visited four people who used the service and spoke to three relatives. We also spoke with the registered manager, the supporting manager, deputy manager, one care co-ordinator, the training co-ordinator and four members of staff. We sent questionnaires to six care workers and received two responses. We looked at the care records for nine people who used the service, medicines records for four people and recruitment records for six staff.

Requires Improvement

Is the service safe?

Our findings

Risk assessments did not always contain up to date information about people's support needs. Assessments were brief and lacked sufficient information to enable staff to support people consistently and safely. Risk assessments were not reviewed appropriately, we found many that stated 'no change' even though changes in support needs were seen in other sections of the care file.

We viewed six people's care records in the general office. All six contained risk assessments that were either not detailed or were not fully completed. For example, information regarding moving and assisting had not been fully documented, gaps in recording and lack of meaningful reviews.

We viewed four people's records in the community and found similar issues. One person's risk assessment did not detail the risks associated with providing support to someone with very complex needs. For example, no detail about how to support the person to move or how to carry out positional changes. The assessment available for staff was last reviewed on 18 September 2014. On speaking with the person's relative we found that there had been significant changes in the person's condition.

Another person's risk assessment showed that the person's mobility was poor on the stairs, and indicated how to get the person up. The risk assessment was dated 2009, the assessment had been reviewed but just stated, "no change." However, the person's relative informed us they had been immobile for some time.

We found one person's risk assessment had not taken into account skin integrity even though the person was immobile. Topical creams had been prescribed for the person but no reference to this was seen in the risk assessment as a control measure.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives and people felt the care they received was safe. One person told us, "They always wash their hands and wear gloves, that's important." One relative commented, "They move [family member] safely, they know what they are doing."

We saw that the service had a range of policies and procedures to keep people safe, such as accident, incident, safeguarding and whistleblowing procedures. These were accessible to staff for information and guidance. Staff had completed up to date safeguarding training and had an understanding of safeguarding and whistleblowing and were able to describe the procedures for reporting concerns to management and felt comfortable in doing so. One support worker told us, "I would report straight back to the office and speak to the coordinator." Another said, "I have done my mandatory training and I would report anything to the manager, they would listen." Staff were able to describe signs of potential abuse and knew what to do if they suspected or witnessed any abuse. One staff member told us, "I always keep an eye on how people are, behaviour could be different because they are unwell or at risk."

The registered provider had an effective recruitment system. Staff files contained an application form, references, photographic identification and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults. These checks were carried out before staff started work at the service and are rechecked annually using a live online system.

We saw that staff had received training in the safe administration of medications. Staff had medication competency checks carried out on a regular basis. These were completed by supervisors as part of the spot check process. We viewed four medication administration records, these were completed with no gaps or anomalies.

We viewed a selection of client rotas to check that enough staff were deployed to calls. Each rota contained a list of carers with times of calls. We saw that people had a consistent cohort of carers. The deputy manager told us that the service tried to always keep the same care team for people. This only changed if there was sickness or holidays. Relatives and people told us there was enough staff to cover calls. One relative told us, "I always get a call from the office if there is a change, usually for sickness and holiday cover."

The service had a BCP (Business Continuity Plan), this was dated 2011. The plan did not contain up to date contact details. This meant that staff would not be able to contact the appropriate people in case of an emergency. The BCP was included in the development plan for updating. The deputy manager told us the document would be updated as a matter of urgency.

Good

Is the service effective?

Our findings

Staff we spoke to told us they felt confident and suitably trained to support people effectively. Staff completed a comprehensive induction which included shadowing more experienced staff. Along with mandatory training, the service provided a range of training courses for staff to complete. For example, person centred care and falls awareness. This meant that staff had the skills and knowledge to support people effectively. One staff member told us, "There are a lot of opportunities to develop your skills with training courses such as end of life and infection control, I have recently signed up for my NVQ (National Vocational Qualification) Level 3. The training coordinator told us, "I love my job, I still do some care and my training is all up to date."

We spoke with the training co-ordinator who showed us 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. The deputy manager told us, "All the mandatory training is face to face, we feel staff engage more that way. The system allows us to see when training is nearing expiry, we can then plan ahead."

Staff received regular supervision sessions and annual appraisals. One staff member told us, "We discuss training in appraisal, this is very good."

One member of staff told us, "The team is very close and are always ready to help each other". Another commented, "There is a good staff team, its best to work as a team." One person said, "What we have now is brilliant, they do spot checks, they are now going to come every three months."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received training in MCA and DoLS. 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 asked people how care staff supported them with their health. One person told us, "They know if I am not well." One relative told us, "They would get help for [family member] if need be, like ringing the doctor."

Staff told us they knew how to contact health care professionals if someone was unwell or they were concerned about them. One staff member told us, "We can contact the occupational therapist, GP or community nurse, I wouldn't hesitate in contacting them." The deputy manager told us, "We are in constant contact with GP's, district nurses and the hospital discharge team."

We saw historical records of food and fluid monitoring, these were completed with details of food, fluids and amounts taken. One relative told us, "They always make [family member's] meal and write down what's been eaten."

Good

Is the service caring?

Our findings

Relatives told us the service their family members received was very good and that the staff were caring. One relative told us, "I'd give them brownie points if I could. The carers treat me really well too." Other comments were, "they are very respectful", "girls in the office are helpful," "I couldn't complain."

People told us that staff asked if there was anything else they needed before leaving. One relative told us, "They have made little suggestions to improve the care, and have come up with good ideas; they are very particular when it comes to the care they give". One person told us, "They are cheerful and friendly, we have a laugh and a joke." One relative told us, "The carers made a special effort to visit [family member] when they were in the hospital, now that's proper caring. They will always go that extra mile for me."

Staff we spoke with had a good understanding of people's needs and preferences. One person commented, "They know my needs well and always say shall I help with this or that." Staff members said they also find out about people's preferences through asking them and record these in daily care records so that the information was available for all staff members to view. One staff member said they liked to spend time with people to find out about them. They commented, "The person gets to know us too, so we are familiar with their needs. When it is someone new we always look at the care plan."

Staff spoke about their role as care workers in a compassionate way. One staff member told us, "Clients are our priority." Another commented, "It's important to get to know people." Surveys held at the office showed that relatives and people felt staff provided support that promoted independence and that the care was good. Comments included, 'The carers are good,' 'They know [family member's] needs' and 'They brighten up our day'.

Staff were issued with a handbook on commencement of their employment which included information and guidance about the service. Induction training was delivered to staff which covered privacy, dignity and confidentiality. The service also had policies and procedures in place for staff to access.

All people and relatives spoken with told us the staff respected their right to privacy and dignity. One person told us, "They always treat me with respect, couldn't wish for better." Staff were aware that they were entering the person's home and needed to be respectful of people's property. People and relatives felt that staff were respectful of this, knocking before entering and always tidied up after themselves. One person told us, "They leave the kitchen lovely and clean."

None of the people we spoke with required an advocate. The service had information available relating to advocacy services. The deputy manager understood the reasons why advocacy would be appropriate and told us they would contact the local authority for support if necessary.

Requires Improvement

Is the service responsive?

Our findings

We looked at six people's care records held in the office and care records for four people in the community. The care plans in the office consisted of a list of tasks. Care plans were not person-centred and did not demonstrate any involvement of the person receiving services. These did not give clear information of how care and support was to be provided. People's preferences, likes and dislikes were not recorded. Of the four care records viewed in people's homes, only two contained actual care plans.

Care records were not always reviewed. When a review had taken place these were mainly recorded as, 'no change'. However it was clear from speaking with people that there had been changes in support. For example, changes in moving and assisting and peoples mobility. Where there was no space left on the document to make an entry this was just added to the bottom of the page making the records appear unorganised.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us they felt staff knew their family member well and how to support them. One relative told us, "They keep in touch even when [family member] is in the hospice. Staff get supervised in here, with regular spot checks. I am asked for my views and opinions."

Relatives and people we spoke to said they knew how to make a complaint and felt confident in doing so. We looked at the provider's information on how to make a complaint. The registered provider kept a log of complaints and compliments received. There had been one complaint and several compliments received during 2015. The complaints log showed the complaint had been logged, investigated and the outcome recorded. One person told us they had contacted the office regarding a 'niggle' and it had been dealt with straight away, stating "The office responded and sent someone out to do a spot check."

People and relatives told us that the service kept them informed of changes. If care staff were on holiday or sick generally the office made contact to keep them advised of changes.

The provider carried out quality monitoring four times a year this was carried out by supervisors. The deputy manager told us, "This has taken over from our annual surveys; we feel it is more responsive to obtain information every three months." Responses were entered into an electronic system which produced graphs about how the service was performing. These were then sent to all people who use the service outlining the findings and what the service were doing to address any concerns. We saw copies of these which were going to be sent out to people and relatives for this quarter. The service also sends questionnaires to enable people to make anonymous comments if they wish. We did not evidence any negative comments from either process.

Requires Improvement

Is the service well-led?

Our findings

The provider's quality assurance process was not effective. The process did not take into account a managerial oversight of the service in relation to care records. We found the auditing process stopped at the review stage which was carried out by supervisors. The registered manager did not have a process in place to sample records to ensure consistency. This meant the registered manager didn't know the concerns about care plans.

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

At the time of the inspection, the registered manager was not permanently in the service on a day to day basis. The deputy manager intended to submit an application to register as manager for the location as did the supporting registered manager. We are dealing with this outside of the inspection process.

Staff told us they felt the service was well run by the registered manager and deputy manager. The staff we spoke to and surveyed gave positive comments. For example, "This is a brilliant organisation to work for", and "We have an open and honest manager". One staff member told us, "I think this is a good caring company, I can speak with the manager at any time."

Relatives and people told us the service was well led. They felt the provider was approachable and felt confident in their leadership. One relative told us, "They run a good company, everything runs smoothly".

We examined policies and procedures relating to the running of the service to ensure staff had access to up to date information and guidance. Staff were encouraged to read these as part of their induction.

Staff told us and records confirmed that team meetings were held regularly, which gave staff opportunity to discuss workloads as well as gaining important information about the service. Management team meetings were also held, to look at developing the service as well as general management issues. The registered provider was actively working on a development plan. For example, an update of the documents used in care records, BCP development, training analysis for staff and a review of the quality assurance process. We saw evidence of updated care documents during the inspection.

Although we saw that the registered provider had sent statutory notifications which had been completed and sent to CQC in accordance with legal requirements. We found that on two occasions they had failed to submit notifications to CQC. It was clarified with the deputy and supporting manager at the time of the inspection the need to submit notifications to CQC even though an incident may not require further action. This was addressed by the supporting manager and notifications were submitted to CQC. The service kept all personal records secure and in accordance with the Data Protection Act.

The deputy manager was open and honest regarding the service and acknowledged areas that required action. There was a white board in the office full of ideas and suggestions for the service. The service had

recruited a compliance officer to support the quality assurance process.

There were no issues or concerns raised by any other agencies that we contacted prior to the inspection.

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 did not take formal enforcement action at this stage. 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 were not person-centred and did not demonstrate any involvement of the person receiving services. These did not give clear information of how care and support were to be provided. People's preferences, likes and dislikes were not recorded. Regulation 9 (1a, 1b, 1c)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments did not always contain up to date information about people's support needs. Assessments were brief and lacked sufficient information to enable staff to support people consistently and safely. Risk assessments were not reviewed appropriately. Regulation 12 (2a, 2b).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance process did not take into account a managerial oversight of the service in relation to care records. Auditing process stopped at the review stage which was carried out by supervisors. The registered manager did not have a process in place to sample records to ensure consistency. Regulation 17 (1) (2a)