

Sunderland Home Care Associates (20-20) Limited

South Tyneside Home Care

Inspection report

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

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Tel: 01915366235

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 17 May 2016 and was announced.

South Tyneside Home Care is an employee owned social enterprise that is registered with the Care Quality Commission for personal care. The service provides domiciliary care. At the time of this inspection the service provided support to 139 people who resided in the South Tyneside.

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.

During this inspection we found the registered provider had breached regulations 9, 12 and 17 of the Health and Social Care Act 2008.

We found people's daily support plans did not always contain detailed information on how to support them. Where risks were identified through assessments, control measures to mitigate risk were not detailed in daily support plans.

The provider's quality assurance process for care records was not robust. The audit tool covered a document check, not the content of the document. We found where spot checks had been carried out and reviews of support had been completed, these had not identified the lack of information provided for staff. The registered provider did not have a process to develop the service that could be reviewed and monitored to drive improvement.

The registered manager did not always submit statutory notifications. Statutory notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We saw the process for the recording and management of safeguarding was not effective. The service had failed to submit statutory notifications regarding allegations of abuse where relatives were involved. The service did not submit the required statutory notifications regarding the death of someone using the service.

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

Everyone we spoke to told us that they felt safe or their relatives were safe with their carers. One person told us, "They are kind and respectful."

The provider operated an effective recruitment procedure which included ensuring appropriate checks were undertaken before staff started work. Staff had completed mandatory training required to perform their role. Staff received regular supervision and annual appraisals.

Staff received training and were supported in their roles. Staff attended regular team meetings. One staff member told us, "I am always doing courses." Training plans included dates for staff to refresh their knowledge.

People had a regular team of care staff. Relatives and people we spoke with were very happy with the service they received and everyone spoke warmly about their carers. Staff knew how to support people to access other health care professionals if necessary.

People who needed support with meals and shopping told us they were well supported. One person told us, "They know what I like, I enjoy my meals". Another commented, "They always go through the receipt with me."

The service provided people with information about the service they should expect including details of how to make a complaint about their care. We found concerns were acted upon straightaway and records kept in people's files. Numerous compliments had been received from relatives and people who used the service.

People, relatives and staff said the service was well managed. They described the registered manager as "approachable".

We looked at a selection of people's medication administration records (MAR) and found these were completed correctly with no gaps or inaccuracies. Staff were trained in the administration of medicines and received competency checks.

The service had a system 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. One person wrote, 'they couldn't improve, all is well, very happy.'

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risk assessments lacked sufficient information to enable staff to support people consistently and safely.

Staff had an understanding of safeguarding and whistleblowing procedures.

The provider had an effective recruitment system.

Processes were in place to ensure people's medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was effective

Relatives and people felt the service was effective in meeting the needs of people and staff were appropriately trained.

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

Staff knew how to contact health care professionals when necessary.

Good ●

Is the service caring?

The service was caring.

Relatives and people felt carers were kind and respectful.

The service had information about advocacy.

People were issued with information about the service.

Good ●

Is the service responsive?

The service was not always responsive.

We found that people's daily support plans did not always

Requires Improvement ●

contain detailed information on how to support them.

The service had a complaint process which was available to staff and people.

Is the service well-led?

The service was not always well led.

The registered manager did not always submit statutory notifications.

Relatives and staff felt the registered manager was approachable.

Staff attended regular team meetings. □

Requires Improvement ●

South Tyneside Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection took place on 17 May 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 for the service and the local authorities safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke to ten people and three relatives. We also spoke with the registered manager, deputy manager, training co-ordinator and seven members of staff. We looked at the care records for six people who used the service, medicines records for eight people and recruitment records for six staff, along with documents relating to the running of the service.

Is the service safe?

Our findings

Risk assessments lacked sufficient information to enable staff to support people consistently and safely. Where risk assessments were reviewed these stated 'no change'. We found where updated information had been received from the local authority for one person; the information around skin care had not been included in the risk assessment. We did not find any details of how assessments had been reviewed, or if any discussion with people had taken place. We found inconsistent information in one risk assessment. For example, one person's individual person centred plan identified them as using a rollator to assist with safe mobility; however this did not feature in the person's risk assessment for moving and assisting.

Another person's risk assessment for 'risks posed to the support worker' stated there were no risks when supporting the person. However, care records indicated the person suffered from epilepsy, was visually impaired, had difficulty with balance and was prone to falls. The support required was to enable the person to have a shower. The support plan stated, '1/2 hour for shower,' no other information was recorded.

We reviewed the care records for one person with a very specific skin condition. Records indicated staff were to monitor the person's skin as part of their support, detailing 'very fragile skin, be very gentle'. The risk assessment did not set out what staff were actually looking for in relation to the monitoring of the skin. The person's moving and assisting assessment confirmed they were prone to falls, support plans did not contain interventions for staff to follow to enable safe moving and assisting to minimise the risk for falls or skin integrity.

This meant that people were not always receiving safe care and treatment.

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

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 an understanding of safeguarding and whistleblowing procedures. One staff member told us, "I look out for obvious things, like unusual bruising but also changes in behaviour." Another told us, "If I saw anything or a client told me something that had happened I would contact the officer and speak to a supervisor." The registered manager reviewed records of accidents, incidents and safeguarding to identify any trends or patterns. Lessons learnt from safeguarding concerns were disseminated to staff through meetings and supervisions.

The 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.

The provider had policies and procedures in place to manage human resources. We found records of

disciplinary investigations along with recommendations. For example, additional training and supervision of staff.

Policies and procedures were in place to support safe management of medicines. We saw that staff had received training in the safe administration of medicines, with medicine competency checks carried out on a regular basis. These were completed by supervisors as part of the spot check process. We viewed eight medicine administration records (MAR), these were completed with no gaps or anomalies. One staff member told us, "I have completed training, people have Nomad's and we record on the MAR when they have taken the tablets." Nomad is a type of monitored dosage system designed to hold seven days' worth of medicines for up to six doses a day.

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 registered manager told us that the service tries to always keep the same care team for people. When staff were due to commence leave, their rota was shared with the team a week in advance so cover can be organised. Any shortfalls were picked up by the supervisors, coordinators and the deputy manager.

The service had a BCP (Business Continuity Plan) which had recently been reviewed and updated. The plan contained up to date contact details. The service also have a Company Disaster Pack, this contained a copy of the plan, two fully charged lap tops, mobile phones and chargers, along with PPE and access to funds. This meant that staff would be able to contact the appropriate people in case of an emergency and have the equipment to continue to manage the service.

The service followed infection control procedures and provided personal protective equipment (PPE) for staff. Plastic aprons and gloves were kept in people's homes for staff to use.

Is the service effective?

Our findings

People and relatives were happy with the service. One person told us, "They are marvellous," another commented, "Staff always seem to know what they are doing, they're properly trained." One relative told us, "They include me in things and would tell me straight away if they notice anything I needed to know about. If [person's] skin started to break down for example."

Staff completed a comprehensive induction which included shadowing more experienced staff. The training coordinator told us, "Staff can always have additional shadowing if they feel they need more, it is better that they are confident before going out on calls alone."

Staff completed mandatory training which covered moving and assisting, health and safety, fire safety, first aid, food hygiene, infection control and safe handling of medicines, this training is delivered face to face. The service previously refreshed mandatory training every three years. The registered manager explained, "We have recently changed our policy to reflect the local authorities' requirements and now refresh every two years." Following training one staff member explained they were able to provide support for someone with a stoma, and knew how to change the stoma bag. Another staff member told us, "I never used to administer eye drops but I was shown how to do it properly and safely, so now I do."

The training coordinator provided us with a plan going forward which showed training planned ahead for staff. The coordinator is responsible for delivering moving and assisting training to staff. The face to face training is delivered before staff go out to support people. The training coordinator told us, "I keep a good track of staff training, we can source training for specific areas if people's needs require that. Staff work through the whole training plan so all subjects are covered." Staff were currently undertaking a distance learning course to cover safeguarding, and dignity and respect. One staff member told us, "If I feel that I need more training to care for someone, I can ask and they will organise it for me."

Staff received regular supervision sessions and annual appraisals. The service had planners in place, which indicated dates of supervisions, observations and spot checks. One staff member told us, "I get supervision every three months and an appraisal every year, we plan what training I need."

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).

Staff had received training in MCA and DoLS, and 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 was provided. One staff member told us, "I always ask if it is alright for me to deliver personal care, I would never just start without asking."

Where people required support with eating and drinking, staff prepared meals in line with people's preferences. One person told us, "They make sure my food is nice and hot, I can't stand cold potatoes." When required, records of food and fluid intake were maintained by staff. These were reviewed by the supervisors during spot checks, and were available for other health care professionals. For example, if the records were needed for the dietician.

People were supported to access health care when required. One staff member told us, "If I have any concerns I contact the office first to get advice as to whether to call the doctor. If I thought it was an emergency, I'd ring 999 for an ambulance and then start to let people know. That would be if the person had collapsed or something."

Is the service caring?

Our findings

Relatives and people told us staff were respectful and polite; they also described staff as observing their rights and dignity. One person told us, "I am very happy with them, I tell them what I need and they are always obliging." Another told us, "I look forward to seeing them because I can't get out."

The registered manager and the staff we spoke to showed genuine concern for people's wellbeing. Staff we spoke with clearly demonstrated they knew the people they visited really well and were able to tell us about them. They had an understanding of people's individual needs and preferences.

One staff member told us, "I do keep an eye on how much people are drinking because I know some people don't bother to drink so much as they get older." We saw records of when staff had raised concerns about people's health and well-being; these had been addressed and recorded in care records.

Staff supported people to be independent as possible. One relative told us, "My relative looks forward to the carer's coming. They include me." Another commented, "They are very good, I try to do as much as I can it's reassuring that they will step in if I need a hand."

People were issued with an information pack when they first commenced using the service. The pack contained general information about the service along with contact details of the office. People were visited by a supervisor who spends time getting to know the person and their relatives. The service match carers to people to ensure they are supported by an appropriately trained carer who can meet their specific needs. The deputy manager told us, "People are provided with a rota on a weekly basis setting out who their carers are for the week ahead." One person told us, "I have the same person, it's only different when they are on holiday, she is more like a friend to me."

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.

None of the people we spoke to or whose care records we examined required an advocate. The service had information relating to advocacy. The registered manager understood the reasons why advocacy may be required. The service works closely with the local authority and would contact them for support if necessary.

Is the service responsive?

Our findings

We looked at people's care records which were held in the office. The deputy manager told us the same records were kept in the person's home; therefore the information should be the same in both locations. The daily support plans in the office consisted mainly of a list of tasks. For example, for one person whose records indicated they can be 'very anxious in the shower' their support plan stated, 'offer [person] a shower/wash.' There was no reference to how the support be provided if the person became anxious. Another daily support plan stated, '½ hour shower' no other details about how to support the person in the shower despite the risk assessments detailing several areas which may pose a risk to support, such as epilepsy and being prone to falls. Daily support plans were not person-centred and did not demonstrate any clear involvement of the person or their relatives.

The care record review process did not demonstrate how the review had been carried out or what discussion had been had with people. Many reviews stated, 'no change'. This did not provide reassurances that a full review of people's needs had been undertaken.

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

Staff told us the biggest problem was not having travel time built into calls. One staff member told us, "It's a struggle to be on time, I usually try to get there within ten minutes of the proper time and I stay the right length of time, it would make a big difference if we got travel time." Another staff member commented, "It's not so bad for me because I have a car, but I do know that people who don't drive find it a bit tough." We discussed this with the service. The deputy manager told us, "We try to operate the calls in specific areas so travel time is kept at a minimum for staff, there should be no more than five to ten minutes between calls." Another staff member told us, "I always ring the office if I am going over time, it may be that someone needs more help or I could be waiting for an ambulance or something. The office can then get someone to cover my next call."

All the people we spoke with were able to tell us about the regular reviews conducted by the service. People told us their care plans had been reviewed and they received visits every three months. Relatives told us they felt staff knew their family member well and how to support them.

One person told us, "I have a care plan that I was asked to tell them everything I needed and we talk about what is right for me. Someone comes every now and then to see me to see if everything is alright and I get a questionnaire about what I think."

We looked at the provider's information on how to make a complaint. The provider had a process to log complaints and compliments it received. No formal complaints had been received. The registered manager told us, "Concerns that are raised are dealt with straightaway to prevent things getting that point." We saw numerous cards and letters complimenting the service for the care and support they had provided to people and families.

Is the service well-led?

Our findings

We looked at the quality assurance process the service was using. MAR's were audited by supervisors on a monthly basis. Accidents and incidents were reviewed by the registered manager along with safeguarding records. We found the auditing process of care records was a document check only. The deputy manager told us, "We only check to see if the file has the correct care documents in it." The process did not take into the account the content of these documents and whether they were current, valid or relevant to people's needs. This meant that governance processes were not robust in providing assurances that the quality of people's care was being monitored.

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

The registered manager had recently become the registered manager for Sunderland Home Care Associates as well as managing South Tyneside Home Care. This meant that they had not been in the service on a day to day basis. The registered manager was working on developing the service, however there were no documents to evidence this. They told us, "I realise that we have concentrated on the other service, we are starting to duplicate that work here. We have our white board at Sunderland that is used for planning." The registered manager was open and honest regarding the service and acknowledged areas that required action.

The registered provider carried out quality monitoring four times a year this was carried out by supervisors. The monitoring covered areas such as quality of support, contact with staff and response of the service. 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 a copy of these most recent survey results were going to be sent out to people and relatives for this quarter. Responses were very positive, with a high percentage of satisfaction in all the areas covered by the survey.

People told us they felt the service was well run by the registered manager. One person told us, "The management is fine; it's good we get review visits about every three months, it makes me feel as though they are bothered about us." Another told us, "The manager is approachable; if you have any suggestions to make they do listen."

The staff we spoke to gave positive comments. One staff member told us, "[registered manager] is very supportive. I can talk to them if something is bothering me, the people are very important to them." Another commented, "They are always willing to support staff with training, we have regular meetings about work, they do listen to concerns." Other comments included, "I am confident in the manager" and "the management is good I have no problems or issues at all."

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 meetings were held, which gave staff opportunity to discuss workloads as well as gaining important information about the service.

Although we saw that the provider had completed some statutory notifications which had been sent to CQC in accordance with legal requirements. The registered manager advised us they had failed to submit notifications to CQC where an allegation of abuse was made against a relative. This had been recently rectified and two notifications sent retrospectively. The service had failed to send in statutory notifications when a person they supported had died. It was clarified with the registered manager and the deputy manager at the time of the inspection the reasons and need to submit notifications to CQC.

The service kept all archived personal records relating to people in the general training room which meant they were accessible to staff, this was discussed with the registered manager who advised that the service did have a secure storage area on site. Arrangements were made for these to be removed the next day.

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 Support plans were not person-centred and did not demonstrate any clear involvement of the person or their relatives. Support plans did not always contain detailed information on how to support them. Regulation 9 (1a, 1b, 1c)
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments lacked sufficient information to enable staff to support people consistently and safely. Risk assessments were not reviewed appropriately. Regulation 12 (2a, 2b).
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have an effective system in place to ensure the quality of people's care was being monitored. Regulation 17 (2) (a)