

Henshaws Society for Blind People

Gateshead Home Support - Henshaws Society for Blind People

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service: Gateshead Home Support is a domiciliary care agency. It provides personal care to people living in their own houses or flats. It provides a service to children, younger and older adults including people who live with a visual or intellectual impairment or acquired brain injury. At the time of inspection four people were using the service.

People's experience of using this service: At this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to governance. The registered manager did not record the way they reviewed, assessed and monitored the quality of service provided. A formal, independent system was not in place to ask people and relatives for feedback about service provision.

Staff monitored people's health and wellbeing and took appropriate action when required to address concerns.

The service assessed risks to the health and well-being of people who use the service and staff. Where risks were identified action was taken to reduce the risk.

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. The registered manager knew how to identify safeguarding concerns and to act on these appropriately.

Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

People had food and drink to meet their needs. Staff followed advice given by professionals to make sure people received the care they needed.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with respect and their privacy and dignity were promoted. They said staff supported them in the way they wanted. Staff were responsive to the needs of the people and enabled them to improve and maintain their independence with personal care.

Communication was effective to ensure staff and relatives were kept up-to-date about any changes in people's care and support needs and the running of the service.

A complaints procedure was available. People told us they would feel confident to speak to the registered manager and staff if they needed to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (October 2016).

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Follow up: We identified concerns at this inspection and will ask the provider for an action plan with timescales of improvements to be made. We will therefore re-inspect this service within the published timeframe for services rated requires improvement with a requirement notice.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

Gateshead Home Support - Henshaws Society for Blind People

Detailed findings

Background to this inspection

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

Inspection team: The inspection team consisted of one inspector.

Service and service type: This service is a domiciliary care service. It provides personal care to people living in their own houses and flats in the community. Not everyone using Gateshead Home Support Henshaws Society for Visually Impaired People receives a regulated activity; CQC only inspects the service being received by people provided with personal care; help with tasks related to personal hygiene and eating. For people the provider helps with tasks related to personal hygiene and eating, we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 24 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.

Inspection site visit activity started on 17 April with a visit to the office location by the inspector. We made telephone calls to people, relatives and staff on 20 May 2019 and 22 May 2019.

What we did: Before the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we held about the service and events which the provider is required to tell us about by law. We contacted commissioners to seek their feedback. We received no information of concern.

During the site visit we spoke with the deputy manager and the head of residential services and quality assurance. We reviewed a range of records. These included three people's care records. We also looked at two staff files to check staff recruitment and their training records. We reviewed records relating to the management of the service. After the site visit we contacted one person, one relative and three support workers.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff were aware of their responsibility in keeping people safe. Staff completed and updated their safeguarding adults training regularly and had access to up-to-date policies and procedures. The service supported children and the regional manager told us safeguarding children training was planned with North Yorkshire County Council.
- The deputy manager was aware of their duty to report any safeguarding incidents to ensure people were kept safe. Contact details were not available for the local authority child protection team to report any incidents concerning children. They told us that this would be addressed.

Assessing risk, safety monitoring and management.

- Risks to people's health, safety and well-being and any environmental risks were assessed and measures put in place to remove or reduce the risks.
- Information from risk assessments was transferred to people's care plans. A choking risk assessment was not in place for a person, whose nutritional care plan referred to the risk of choking. We discussed this with the head of residential services and quality assurance and deputy manager who told us it would be addressed. Other risk assessments were reviewed to ensure they reflected people's changing needs.
- Where people required equipment to keep them safe, this was in place.
- The provider helped ensure people received support in the event of an emergency. An on-call service was available when the office was closed.

Staffing and recruitment.

- A relative, people and staff confirmed there were enough staff to support people safely and to ensure people's needs could be met. They told us staff were punctual and stayed for the allotted time. One person said, "Staff are very good they never rush me, they stay the required time." A staff member commented, "We have more than enough time to get around on time."
- Staff worked on a one-to-one or two-to-one basis with people they supported.
- Staff wore identity badges and told us they were always introduced to people before they started supporting them.
- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed. These included satisfactory references, checking any gaps in people's employment and background checks with the Disclosure and Barring Service.

Using medicines safely.

- Systems were in place for people to receive their medicines in a safe way, where support was required.
- Staff received regular medicines training and systems were in place to assess their competencies. One

staff member said, "As management work with us we are regularly observed as we administer medicines to people."

Preventing and controlling infection.

- Measures were in place to reduce the spread of infection. Staff received training about infection control and regular infection control audits were carried out. Disposable aprons and gloves were available for use by staff.

Learning lessons when things go wrong.

- A system was in place to record and monitor incidents including safeguarding to ensure people were supported safely. Accident and incident reports were analysed, enabling any safety concerns to be acted on.

- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.

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

We checked whether the service was working within the principles of the MCA.

- Assessments were not in place for all people who lacked mental capacity. We discussed this with the deputy manager who told us it would be addressed.
- Staff were trained in the MCA and understood the implications for their practice. Consent was obtained from people in relation to different aspects of their care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People received appropriate care and support.
- Care included support for all areas of assessed need. Detailed assessments were carried out to identify people's support needs. They included information about their medical conditions, eating and drinking requirements and other aspects of their daily lives.
- Staff were introduced to the person and supported to deliver their care package by senior staff until they felt confident to do so themselves.

Supporting people to live healthier lives, access healthcare services and support.

- People were supported to maintain their health and well-being.
- People were registered with a GP and received care and support from other professionals, such as the hospital out-patient services and the speech and language therapy team.
- Records showed there were care plans in place to promote and support people's health and well-being.

Staff support: induction, training, skills and experience.

- Staff received training to understand people's care and support needs and they received training in safe working practices. They said they were supported in their role. One staff member said, "We can tell the manager at supervision what training we want to do."
- Some people had complex health care needs and staff received training about their needs, from health care professionals, before they started to support them.
- New staff completed a comprehensive induction, including the Care Certificate and worked with

experienced staff members to learn about their role.

- Staff had the opportunity for regular supervision and appraisal. Staff said they were supported.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were supported with their food and drink where needed. A staff member told us, "I help someone by PEG feeding. I have done Percutaneous Endoscopic Gastrostomy, (PEG) training." (PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines.)
- Staff supported people with the preparing of their meals and drinks and care plans where required, described people's eating and drinking needs, and food likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care.

- The service worked alongside local community and medical services to support people and maintain their health.
- Assessments had been completed for people's physical and mental health needs.
- Records showed staff raised concerns about people's wellbeing to community services such as the person's GP or district nursing service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People told us that staff were very kind, caring and friendly. One person commented, "Staff are very supportive, they are lovely."
- Relatives and people told us staff were introduced to them through shadowing, so they always got to meet them before they provided their care.
- The service made every effort to support people with their interests and enhance people's well-being, through a person-centred culture. Records were available for new staff who were not familiar with people and the detailed information gave them some insight into people's interests and likes and dislikes.

Supporting people to express their views and be involved in making decisions about their care.

- People were involved in daily decision making. They confirmed they knew who to contact at the agency and informed us they were involved in reviews of their own or their relative's care.
- People's records advised staff how to communicate with the person. Information was provided in ways which people could access and understand and promote their involvement. The provider complied with the Accessible Information Standard, a legal requirement to meet communication needs of people using the service. For example, by use of Braille or audio.
- Advocates were used when required. Relatives were also available to advocate on behalf of people.

Respecting and promoting people's privacy, dignity and independence.

- Staff supported people to be independent. People were encouraged to do as much as they could for themselves. One person told us, "I go shopping with staff."
- People and relatives confirmed that they usually received the same workers to provide consistent care and support or that they would be informed if their workers changed or were going to be late for a call.
- The language used within care records was factual and respectful. This was reflected in the language used by the staff we spoke with, who demonstrated a professional and compassionate approach. One member of staff told us, "It's so rewarding when [Name] smiles, it makes the job worthwhile."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were developed from assessments that identified people's care and support requirements. Care plans were reviewed routinely and when a person's needs changed.
- Care was personalised and responsive to people's individual needs and interests. It was delivered by staff who knew people well. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care.
- Information on people's needs was available in paper copy in their home. Relative's and people told us communication with workers was effective to ensure people's needs continued to be met.
- Staff provided support to go out in the community. One person was supported by a team of staff to holiday abroad with their family.

End-of-life care and support.

- Support was provided to people who may have a life limiting condition. Staff provided such care in conjunction with community healthcare professionals.
- Information was available about people's religion and cultural preferences where this support was required.

Improving care quality in response to complaints or concerns.

- A complaints policy was available. No complaints had been received.
- People and relatives knew how to make a complaint. One person commented, "The service is really good, I don't have any complaints." A relative told us they would not hesitate to get in touch with the registered manager if they had any queries or concerns.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Improvements were required to governance to check on the quality of service provision.
- Audits were not completed to monitor service provision and to ensure the safety of people who used the service. After the inspection we received a quality assurance action plan to show how this would be addressed.
- We were told the provider had recently appointed the head of residential services and quality assurance, part of their responsible was for quality assurance. They had started making a monthly visit to check on the running of the service and a written report would be produced
- Some staff told us spot checks took place to gather people's views and to observe staff supporting people. One staff member commented, "The manager and deputy observe us as they work with us." A template was available. However, there was no written evidence to show that these had been completed and evaluated.
- People did not have the opportunity to comment independently via a questionnaire if they were happy with the quality of their care and the service.
- Some documentation such as risk assessments and care records were not signed and dated to show when they were carried out or evaluated to monitor changes in people's health and well-being.

These findings were a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

- People, relatives and staff told us the registered manager was approachable. Their comments included, "[Name] is very approachable. They're very good."
- There were clear lines of accountability and responsibility. Staff understand their roles and said there was good team-work and staff morale in the service.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required. They understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions. Meeting minutes also showed that people's needs were discussed.
- Staff told us they were listened to.

- Relatives and people were involved in decisions about care and advocates were also involved where required.

Continuous learning and improving care; working in partnership with others.

- There was a programme of ongoing staff training to ensure staff were skilled and competent.
- Records showed that staff communicated effectively with a range of health professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People were not protected from the risk of inappropriate care and treatment as robust systems were not in place to monitor the quality of care provided. Regulation 17(1)