

# Homecare North East CIC Dunston Community Centre

## **Inspection report**

Railway Street Gateshead Tyne And Wear NE11 9EB Date of inspection visit: 09 October 2023 17 October 2023 19 October 2023

Tel: 01914882555

Date of publication: 10 November 2023

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good •
Is the service well-led?	Good •

# Summary of findings

## Overall summary

#### About the service

Dunston Community Centre (Homecare North East CIC) is registered to provide personal care to people living in their own homes and offers services to people in and around Gateshead. At the time of our inspection there were 23 people using the service.

Not everyone using Dunston Community Centre receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

#### People's experience of using this service and what we found

Systems were in place for monitoring the quality of the service, however due to recent staff vacancies these had not always been completed. This had not impacted the quality of care delivered and the management team were in the process of reviewing all other aspects of the operation of the service.

The management team were taking all steps to ensure vacancies were filled and staffing levels were reflective of the care hours needed. They only accepted new care packages when they were assured enough staff were in place. There were enough staff on duty to cover the care packages. Staff told us the rotas were very well organised and gave them enough time to get to people on time and properly support people.

An active recruitment programme was in place. We found recruitment practices were, in general, meeting requirements. We discussed enhancements that could be made, which the provider immediately started to implement. People and relatives reported they found staff were skilled, knowledgeable and competent.

People told us they were extremely satisfied with the service. People and relatives said staff always went above and beyond in delivering the care. They described how staff were attentive, diligent and they never felt rushed. The provider had developed a culture within the staff team, which people found was like receiving care akin to that delivered by very close and attentive family members. People found the service provided a high standard of care and told us staff working with them were fabulous.

Staff told us the provider clearly understood the difficulties life might present and how these could adversely affect work life so had introduced compassionate and innovative ways to support staff through challenges they might face. People, relatives and staff felt the management team were very responsive and approachable. People and relatives found the service communicated with them extremely effectively.

Medicine management was effective and closely monitored. Staff who administered medicines had the appropriate training. The provider ensured staff had access to ample supplies of PPE and they completed regular spot checks to make sure staff complied with the guidance and best practice.

Staff had received training around the Mental Capacity Act 2005 and associated code of practice and felt

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

People found the management team had made sure they enhanced people's lives. Staff took steps to safeguard people and promote their human rights. The management team had formed extremely effective working relationships with health and social care professionals, and this had led to many positive outcomes for people and their quality of life.

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

Rating at last inspection The last rating for this service was good (report published 1 September 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dunston Community Centre on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.	
Details are in our safe findings below.	
Is the service well-led?	Good
<b>Is the service well-led?</b> The service was well-led.	Good ●



# Dunston Community Centre 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team An inspector carried out the inspection.

Service and service type Duston Community Centre is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in place. However, one of the other directors was taking steps to become the registered manager.

#### Notice of inspection

This inspection was announced. We gave a short period of notice of the inspection because we needed to ensure the management team were available and to contact people to gather their feedback.

Inspection activity started on 9 October and ended on 19 October 2023. The inspector visited the office location on 19 October 2023.

What we did before the inspection

We reviewed information we had received about the service. We also sought feedback from partner agencies and healthcare professionals. These included the local authority's contracts and commissioning services. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We contacted all the people who used the service and we also received feedback of a house manager of an independent living environment for older people. We spoke with the two directors, and we received feedback from 6 care staff.

We looked at 4 people's care records, and a variety of management and quality assurance records for the service.

## Is the service safe?

# Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

#### Staffing and recruitment

• There were enough staff to meet people's needs. Due to unrelenting pressures caused by the pandemic and recruitment difficulties the service had experienced staffing shortages. The management team had worked diligently to make sure this had not impacted people's care, which had included providing the care packages themselves.

• Effective systems were in place to ensure no calls were missed. One person said, "The staff are wonderful, friendly and hardworking."

• The provider has a system in place to ensure safe recruitment practices were followed. However, there were some gaps such as evidence to show missing references had been chased up and employment histories had been fully explored. The management team were in the process of ensuring these gaps were addressed.

Systems and processes to safeguard people from the risk of abuse; Using medicines safely

• The provider had effective safeguarding systems in place. Staff had a good understanding of what to do and had received appropriate and effective training in this topic area.

• People said staff made sure they were safe and treated with compassion. One relative said, "They have been absolutely fantastic going above and beyond their normal care roles for [person's name] and our family. I cannot sing their praises highly enough."

• Relatives were kept informed of any changes and found the care delivered met people's needs. A social care professional commented, "[The management team] know all their clients and keep up with changing needs as they occur. If you ring up they know immediately who you are talking about. They are a huge support with helpful information i.e. equipment, incontinence products and other services people can tap into. They never leave people to stand alone."

• People's medicines were appropriately managed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

• Risk assessments were in place to reduce the risk of harm to people and risk management plans provided staff with guidance on the actions to take to reduce any identified risks.

• The management team only accepted care packages when they were confident they could safely meet the person's individual needs.

• The management team were committed to driving improvement and learning. Staff responded appropriately when accidents and incidents occurred.

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 MCA 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 Mental Capacity Act (MCA). In people's homes this is through a Court of Protection application.

• We found the service was working within the principles of the MCA.

Preventing and controlling infection

• Effective systems were in place to mitigate the risk of people and staff catching or spreading infections.

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

• The management team had governance arrangements in place. The team made sure care records and the quality of care delivered continued to meet the standard they expected. People told us the care they received was to an exceptionally high standard and they found staff truly cared about them.

• The management team understood the importance of robust oversight of the service was crucial to delivering good care long-term and were in the process of reviewing all aspects of the governance arrangements. One relative said, "We have never had an issue with the service, I find them both professional and caring and have had no reservations in recommending them to friends who have asked about them".

• The management team was aware of their responsibilities under duty of candour. They were open and honest with people and all those related to the delivery of the service. No notifications had been sent CQC, as they had not needed to be but the provider understood when they should send these reports.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

• The staff team worked in partnership with people. People told us they had a positive relationship with the management team and staff.

• There was a strong culture of promoting quality when delivering the service. Staff were very passionate about providing good care outcomes and understood how to support people to meet their needs.

• The management team had worked hard to develop good working relationships with health and social care professionals. These relationships had supported them to deliver effective care and support, which led to many positive outcomes for people and their quality of life.