

Hetton Home Care Services

Hetton Home Care Services

Inspection report

The Hetton Centre
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hetton Home Care Services provides personal care to people in their own homes. The service supported over 300 people.

Not everyone who used the service received personal care. CQC only inspects where people receive 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

People told us they were happy with the care they received. They also gave positive feedback about the staff providing the care.

People received their care from consistent and reliable carers. They said this helped make them feel safe. New staff were recruited safely. Staff understood their safeguarding and whistle blowing responsibilities. They also knew how to report concerns. Medicines were managed safely. Incidents and accidents had been fully investigated. Staff completed risk assessments to help identify and manage potential risks.

Staff were well supported and accessed the training they needed. Staff supported people to have enough to eat and drink. 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's needs had been fully assessed. The assessment was used to develop detailed and personalised care plans.

People and staff said management were approachable and supportive. There were opportunities for people and staff to share their views about the service; feedback was usually positive.

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

Rating at last inspection

The last rating for this service was good (published 11 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Hetton Home Care Services

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

One inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 February 2018 and ended on 10 February 2018. We visited the office location on 10 February 2018.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager and home support workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to help keep people safe from the risk of abuse. People and relatives told us they felt the service was safe. One person commented, "I am absolutely safe with the carers."
- The provider dealt with safeguarding concerns thoroughly; previous concerns had been referred to the local authority and fully investigated.
- Staff understood the safeguarding and whistle blowing procedures. They told us they felt confident to report concerns if needed.

Assessing risk, safety monitoring and management

- The service managed risks safely. General risk assessments were carried out when people started receiving care. This included assessing the person's living environment and other areas, such as managing medicines safely.
- Additional risk assessments were carried out, depending on people's individual needs. This included where people had particular health conditions.
- The provider had procedures to ensure people continued to receive care in emergency situations.

Staffing and recruitment

- Staff were reliable and consistent. People told us they usually saw the same group of care staff and they were usually on-time. One person said, "Oh yes they are on-time, they are very good."
- New staff were recruited safely.

Using medicines safely

- The service managed medicines safely.
- Staff supported people to take their medicines when they were due. They recorded the support people had received. One person commented, "They manage my medicines okay."
- The provider checked staff were competent to administer medicines and to ensure they followed safe practices.

Learning lessons when things go wrong

- The provider had effective systems to log and investigate incidents and accidents.
- Staff reviewed incidents to identify trends and improve the service people received.

Preventing and controlling infection

- The provider had policies and procedures to promote best practice in infection control. Staff had a

completed infection control training to ensure they had up to date knowledge and were provided with the equipment they needed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed people's needs to determine the care people wanted. This included discussing social, religious and care related preferences.

Staff support: induction, training, skills and experience

- Staff were well supported and received the training they needed. One staff member told us, "They are very fair, if you have a problem they will sort it out for you."
- Training, supervisions and appraisals were up to date.

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

- Staff supported people to have enough to eat and drink. One person said, "I get a good dinner every day."
- Staff had access to detailed care plans, which described the support people needed with eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access health care services when this was required.
- Care records provided details of health professionals involved with each person's care and support.

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The provider followed the requirements of the MCA.
- Staff understood people's communication needs and knew how to support them to make daily living choices and decisions.
- People confirmed staff asked for their consent before providing care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 received good care. Staff knew people's needs well, which helped ensure people received the care they wanted.
- People's and relative's feedback confirmed this. They commented, "They do an excellent job. The girls are brilliant, I couldn't wish for better care. They are all excellent at their job" and "The girls are very good, efficient."
- People and staff had developed good relationships. One person said, "They are very helpful, we have a good bit chat and a bit carry on."

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

- Staff understood people's needs and used this to involve people in choices and decisions. One person told us, "[Staff member] understands [health condition] and keeps me right as I get confused. [Staff member] might suggest something and we talk about it. She is helping me a lot. I wouldn't change her for the world."
- Relatives and an independent advocate supported some people with decision making.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. They adapted their care practice to ensure this happened. One relative told us, "[They are] brilliant. They talk to [family member] all the time. They tell home what they are going to do before they do it."
- People were encouraged and supported to be as independent as possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had detailed and personalised care plans. These included information about how they wanted their care provided. People and relatives confirmed they had been involved in discussions about their preferences.
- Staff reviewed care plans regularly to ensure they reflected people's current needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider could make information available in different formats on request.
- People's preferred communication methods were discussed during the initial assessment when they accessed the service and their preferences included in a care plan.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to access the local community depending on their needs. Their social preferences were recorded in their care plan.

Improving care quality in response to complaints or concerns

- The provider had a structured approach for dealing with complaints. There had been no formal complaints made since our last inspection.
- The registered manager logged other concerns or issues raised informally. These were interviewed to identify any trends or patterns.
- People and relatives knew how to raise concerns, if required. One relative said, "I have no concerns with the staff."

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 the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management and the staff team worked together to ensure people's needs were met.
- Staff told us there was good rapport between each other and with people using the service. One staff member said, "All the girls [staff members] are lovely, nice."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager was proactive in submitting the required notifications following significant events at the service, such as for incidents and accidents.
- The registered manager was supportive and approachable. One staff member said, "[Registered manager] is great. You only have to phone and they are there for you."

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

- The provider consulted with people to gather their views about the service. The process has been changed to allow more people to have the opportunity to share their views. This resulted in the provider having contact with 70% (over 250) of people and relatives.
- People gave mostly positive feedback with all people confirming the service met their needs.
- Staff could attend regular meetings to share their views about the service.

Continuous learning and improving care; Working in partnership with others

- The provider had an effective quality assurance system which successfully identified areas for improvement and learning.
- The provider worked with local commissioners and healthcare professionals to promote good outcomes for people.