

## Gateshead Crossroads Caring for Carers

# Carers Trust Tyne and Wear

### Inspection report

The Old School  
Smailes Lane, Highfield  
Rowlands Gill  
Tyne and Wear  
NE39 2DB

Tel: 01207549780

Website: [www.carerstrusttw.org.uk](http://www.carerstrusttw.org.uk)

Date of inspection visit:

03 March 2020

11 March 2020

18 March 2020

Date of publication:

06 April 2020

### 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

The Carers Trust Tyne and Wear provides personal care and support to adults and children living in the community. The service is contracted to provide up to 400 hours per week by the local council. Additional contractual arrangements are in place and people can contract directly with the service to meet their needs. At the time of our inspection there were 153 people using the service. This included people with learning and physical disabilities, dementia and mental health needs as well as children and young people.

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

Staff knew people very well and understood their needs. Risks to people and staff were well managed. Staff were clear on how to report any safeguarding concerns to their manager. The provider did not always follow best practice guidance in the management of medicines. We made a recommendation about this.

Pre-employment checks were carried out to check if staff were suitable to work in the service. Staff were supported through a period of induction, training and staff meetings. The provider was reviewing the training to make sure all staff received a broad range of training to meet people's needs.

Staff worked closely with other professionals to promote people's health and wellbeing. Advice from health professionals had been followed.

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.

Staff had assessed the decision-making capacity of children and young people and understood how young people communicated their wishes and feelings.

Staff supported people to be as independent as possible and respected their choices. Relatives felt they had been listened to and were involved in the service. They told us staff were very caring.

People received person centred care. Care records provided individual detailed information about people which supported staff to deliver care to meet each person's particular needs.

Systems were in place to monitor the quality of the service. Staff were very positive about their roles and felt managers listened to them. Relatives told us they had no complaints and found the managers approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 18 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

## 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 well-led.

Details are in our well-led findings below.

**Good** ●

# Carers Trust Tyne and Wear

## 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

The inspection was carried out by an inspector and an assistant inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to adults and children living in their own homes.

The service had two managers 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. One of the registered managers was not present during our inspection.

#### Notice of inspection

The first day of the inspection was unannounced. We arranged with the registered manager to return to the service to complete the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight relatives about their experience of the care provided. We spoke with 15 members of

staff including the registered manager, a care coordinator, care workers, the human resources and finance coordinator and the administrator.

We reviewed a range of records. This included 10 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.

### Using medicines safely

- Although no one had come to any harm, staff did not always administer people's medicines in line with national good practice. Staff had received training in medicines administration.
- During the inspection the provider began to investigate specific areas of medicines practice and gave us reassurances they had reviewed and taken steps to make improvements.

We recommend the provider reviews the administration of people's medicines in line with best practice guidance.

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

- People were protected by staff who understood how to keep them safe. Staff had received training on how to safeguard people including children. They were knowledgeable about the provider's safeguarding processes and were confident if they raised a concern their manager would listen.

### Assessing risk, safety monitoring and management

- Risks to people were well-managed. Staff described to us the risks to people and how they supported people to prevent any untoward incidents. Relatives felt safe leaving people in the care of staff.
- The provider had risk assessments in place to protect staff working in people's homes and in the community.

### Staffing and recruitment

- The service had implemented a new recruitment system to ensure staff were recruited safely. Appropriate checks were carried out to protect people from the employment of unsuitable staff.
- People were supported by a consistent staff team that understood their needs and preferences. A relative told us, "We have a consistent staff team, that for us works great. We always have someone familiar." People told us the staff arrived on time and stayed for the required period.

### Preventing and controlling infection

- Staff had received training and had access to gloves and aprons to prevent the spread of infections.

### Learning lessons when things go wrong

- Steps were taken by the service to deliver appropriate care to people and minimise things going wrong. Although there were systems in place to review accidents and incidents, none had taken place.

# 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 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 carried out an assessment of needs before people started to use the service. This ensured they had access to appropriate resources and the service could meet their needs.

Staff support: induction, training, skills and experience

- New staff received appropriate induction training. During their induction staff read the homes policies and procedures and shadowed experienced staff to ensure they had the skills to undertake their role.
- The service implemented training the Care Certificate for staff that had not come from a healthcare background.
- Staff had experience of working with people with a variety of different needs but had not always received training about people's specific and individual needs. The registered manager told us staff training was under review and they had resources available to them for staff to have further training.
- Staff told us they received enough support from their managers. One staff member said, "We get loads of support from the management." Supervision was provided but not always within timescales in line with the provider's policy. The registered manager stated staff were also supported using different methods including through staff meetings where opportunities were provided to guide staff through new initiatives.

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

- Staff supported people to eat and drink sufficient amounts either at home or in the community. People's preferences were documented in their care plans and staff described how they met people's choices.

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

- Care records showed other professionals were involved in the care and consulted to make sure people's health care needs were met.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service worked within the principles of the MCA. Staff worked with people's relatives to deliver care in their best interests.
- Although the MCA does not apply to children and young people under 16 years of age, staff had considered if children and young people had capacity to make decisions.

# 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

- Relatives were complimentary about staff and described them as 'caring or 'very caring'. Another relative said, "I don't know what I can say, they are absolutely amazing."
- Staff knew people well, their individual likes, dislikes, life history and interests. They demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them.
- Each person's care needs were diverse and individual to them. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.
- The service delivered care to children and young people under 18 and to whom the UN Convention on the Rights of the Child applied. Staff demonstrated they treated people under 18 with respect and worked within the principles of children's rights.

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

- People were given a voice and encouraged to express their views. Staff listened to the views of relatives as natural advocates for people.
- Care plans reflected when people were able to express their wishes and guided staff to respect their preferences when providing care. Staff described to us how people who could not verbally communicate made their wishes and feelings known. One staff member said, "I understand their language."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Relatives confirmed staff respected their home and were able to cope with very specific guidelines on people's care needs. One relative said staff were 'very understanding'.
- Staff supported people in a caring way to promote their independence, a relative told us, "They put his needs first, they are sensitive to his needs. They are supportive to us as a family."
- Staff supported children and young people to develop their skills and independence.

# 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

- Staff ensured people received care and support which was focused on their individual needs, preferences and what was important to them.
- People's care plans contained information about their life history, their likes, dislikes and wishes. Staff had enough guidance on how to provide each person's care.
- Care plans were reviewed on a regular basis and people and/or their relatives were involved in reviews with their views clearly recorded. A relative told us, "The care coordinator came out and we went through [person's] care package, updates were made, if there are any changes they are documented."

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 management team ensured people's communication needs were assessed and any measures put in place to support them. For example, one person could not communicate verbally and staff used a picture board to help the person communicate their needs and preferences.
- A family member described how staff would use a drawing toy to draw pictures and said, "A couple of carers tell [person] by drawing a picture of the car and telling [person] how long it will be before they go back out."
- The registered manager said information provided by the service could be adapted to meet people's needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place. No one had made a complaint.
- People and their relatives confirmed they had not made any complaints and told us there was nothing to complain about. One relative said, "I never have any problems, I know the management are very approachable, I could ring the office if I had any problems. I don't think anything is a problem. They always try their best."

End of life care and support

- No one using the service was in receipt of end of life care at the time of our inspection. Relatives had sent cards to the service to thank staff for their kindness and support when people had passed away.

# 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 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

- Staff told us the management team including the provider was approachable and staff were empowered to raise issues about people's care.
- Staff were positive and enthusiastic about their working roles. One staff member said, "It's a really good service. We get loads of support from the management."
- Relatives reported how they and their family members had benefitted from the service. One relative said, "It [the service] has been absolutely brilliant for us. It has been invaluable."

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 provider understood the need to be open and honest with people and professionals in the event of something going wrong.

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

- Managers understood their roles in responding to staff and working with people, their relatives and other professionals. Staff were clear about whom they reported to.
- Surveys and spot checks on staff working in people's homes were used to measure the quality of the service. The survey responses showed people were very happy with the service they received.
- The registered manager had notified CQC of events which had taken place in line with registration requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were engaged in the service and confident of a positive response from staff. Relatives told us the service was accessible for them. They were able to contact the office and get a prompt response.
- When people contacted the office to seek help and support, they were given options, so their care continued to meet their needs. People were given choices irrespective of their background.
- Staff understood people's changing needs and continuously worked with relatives and other professionals to learn and improve people's care. This included when children and young people learned new things or had begun to develop their communication skills.

### Working in partnership with others

- Staff worked in partnerships with family members to meet people's care needs.
- The care co-ordinators and staff worked with other professionals for the benefit of people.