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Neighbourhood Care HQ

Inspection report

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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

Neighbourhood Care HQ provides a domiciliary care service to people who live in their own homes. The registered manager and designated administrative staff are based at the agency's office. Neighbourhood Care HQ is classed as a small agency which means that it provides support with personal care to no more than 100 people. At the time of this inspection the agency was providing support with personal care to 40 people.

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

People were supported by staff that were caring and treated them with dignity and respect. Staff understood the needs of the people they supported well and knew them as a person. All the feedback we received from people and their relatives was positive.

Risks of abuse to people were minimised. Assessments of people's needs identified known risks and risk management guidance was produced for staff which they understood.

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. There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority.

People were supported by staff who had the skills and knowledge to meet their needs. Staff felt supported by the registered manager. Staff understood their role and received appropriate training that supported them in their roles.

Staff worked together with a range of healthcare professionals to achieve positive outcomes for people and followed professional advice to achieve this, which included administering people's medicines as prescribed.

People's care plans were consistent and had a person-centred approach to care planning. Staff supported people to maintain important relationships and continue personal hobbies and interests.

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 registered manager was aware of the AIS and ensured information was shared in an accessible way.

People's concerns and complaints were listened to and responded to. Accidents, incidents and complaints were reviewed to learn and improve the service. People and their relatives commented positively about the registered manager and the quality of care their family member received. No concerns were raised about the

quality of care provided.

Quality monitoring systems included regular audits to ensure people received good care. These were effective and evidenced that Neighbourhood Care had an effective governance system in place.

The registered manager had ensured all relevant legal requirements, including registration and safety obligations, and the submission of notifications, had been complied with. The registered manager felt staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection.

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 22 February 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?

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 ●

Neighbourhood Care HQ

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

Day one of this inspection was completed by an inspector and an expert by experience who made telephone calls to people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two and day three of the inspection was carried out by one inspector.

Service and service type

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

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 July 2019 and ended on 5 August 2019. We visited the office location on 29 July and 2 August. On the 5 August we visited people in their homes and spoke with care workers.

What we did before the inspection

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.

During the inspection

We spoke with 11 people and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered provider and the registered manager. We also looked at records relating to the running of the home. Records included, three care plans, three medicines records, training data, four staff files and quality assurance records.

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

- People receiving care and support from Neighbourhood Care told us they felt safe. One person said, "I feel safe, they are very good and I like them." A relative told us, "The provider looked at the house and made sure Mum is safe."
- There were systems in place to safeguard people from the risk of abuse.
- Staff knew how to recognise and report potential abuse. One staff member told us, "Everything is reported and recorded in people's daily logs and we do safeguarding training every year."
- Records showed staff had received training in how to recognise and report abuse.
- The registered manager understood their responsibilities to raise concerns, record safety incidents and report these internally and externally as necessary.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met.
- We reviewed guidance on how to minimise risk to people, including when using equipment. For example, one person required regular repositioning, guidance was clear where staff should position cushions to reduce risk to pressure areas. Another person was at risk of choking when eating, guidance was clear that staff should allow this person to eat at a slow pace.

Staffing and recruitment

- People were supported by enough staff to meet their needs. People were sent a rota to tell them which member of staff to expect. People told us staff were usually on time and often stayed longer than the allotted time.
- The provider did not take on new packages of care without having enough staff to ensure people's needs could be met in full. The registered manager told us, "One person needs specialist care, we only recruit to this care package staff who have experience, we would not put a new care worker with them."
- People told us they had a consistent team of staff who they knew and trusted. One person said, "I get a schedule showing me when they are coming which is helpful."
- There were systems in place to ensure suitable staff were recruited. Prior to working with people checks were carried out such as with the Disclosure and Barring Service [DBS]. The DBS check ensures people barred from working with certain groups would be identified.
- There were systems in place to protect staff from harm. Initial assessments identified if there were any risks around the property, location or pets.
- A lone working policy was accessible to staff. Staff told us, "We use the on call if there are any problems, but we don't have a system to call in after our shift so the provider knows we are safe at the end of the day." The

provider told us they would review this.

- Staff told us they were always given enough time to carry out the care and support required and plenty of time to travel between visits. One staff member told us, "I needed more time for travel and the manager said that's fine."

Using medicines safely

- The provider had implemented safe systems and processes which meant people received their medicines in line with best practice.
- Medicine Administration Records [MAR] were completed and audited appropriately. We reviewed three MAR charts, these had been filled out correctly with no gaps in administration.
- Support plans clearly stated what medicines the persons GP had prescribed and the level of support people would need to take them.
- The registered manager carried out regular medication audits.
- All staff had received training in the administration of medicines, which the provider regularly refreshed.
- One staff member told us, "We do medication administration training first, then we have to shadow staff who administer medication, then we do more medication training, then we have to meet with [registered managers name] to go through the dos and don'ts of administering medication." In addition, they said, "Then the registered manager observes us three times before we can do it unsupervised, it's robust training."
- The service had a medicines policy which was accessible to staff.

Preventing and controlling infection

- People were protected from the risks of infection spreading. One person told us, "Staff always wear gloves and aprons when they help me wash, they also wash their hands regularly."
- Staff were knowledgeable about how to prevent the risk of infection. One staff member told us, "We get observed twice yearly to make sure we are using aprons and hand washing correctly."
- Staff supported some people to do their own cleaning as part of their daily routine.

Learning lessons when things go wrong

- There were systems in place to review accidents and incidents.
- Accidents and incidents were analysed by the registered manager and action was taken where required to prevent further incidents. For example, one person became unwell when standing up to have their hair washed. As a result, the provider bought an inflatable hair wash basin so they could have their hair washed in their bed in future to stop any further incidents.
- Where complaints had been received, records showed these had been reviewed and actions had been completed. The registered manager communicated outcomes to staff which reduced the possibility of recurrence in staff meetings.

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. Good: 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

- The provider assessed people's physical, mental and social needs prior to agreeing a care package. These assessments were comprehensive and assisted staff to develop care plans for the person. One relative told us, "They were very thorough with their assessment, looking at the house and making sure [relative's name] is safe and they were also prompt to come out."
- People told us they had been involved in the assessment and their care plans reflected their needs. One person said, "I am happy with my care, the way everything is done is fine. If I wanted to change anything I feel I could."
- Staff delivered people's care, treatment and support in line with legislation, standards and evidence-based guidance to achieve effective outcomes.
- Information on supporting people living with specific health conditions was available. For example, how to manage Percutaneous Endoscopic Gastrostomy (PEG). This is a procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding.

Staff support: induction, training, skills and experience

- Staff had appropriate skills, knowledge, and experience to deliver effective care and support.
- Staff completed an induction when they commenced employment. There was a system in place to remind staff when their mandatory training was due. Staff completed training in line with this system.
- Staff received training which was relevant to the individual needs of the people they supported. One staff member told us, "We have a lot of on line and in-house mandatory training." Adding, "We do a good dementia course, it was fantastic, we do End of Life, care planning, Parkinson's, specialist PEG feeding, medication via peg, normal medication training." Adding, "If I wanted further training I can ask, I asked for care planning when I took on a supervisor role." This staff member told us, "I have not been a supervisor before, [Registered manager name] went with me for the first few months, we did everything together but I wanted further training as well."
- The provider carried out supervision in line with their supervision policy. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs.
- Staff received annual appraisals to monitor their development. Staff told us, "We get supervision every three months and we get appraisals." If staff performance issues were identified the registered manager carried out observations and additional training.

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

- Some people required support with meal preparation. Care plans were very clear about people's likes and dislikes and the level of support they needed.
- Staff completed food hygiene training and evidenced they knew about good practices when it came to food. One relative told us, "Meals are good and [relatives name] enjoys the food, they, [staff] prepare fresh vegetables and nice meals."
- Records showed staff prompted people to drink and remain hydrated. Drinks of choice were always left within reach when staff left. One person told us, "Staff always fill up the drink dispenser for me and leave it beside my chair, I can't go and get drinks myself." Adding, "It was a god send in the hot weather".

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

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

- Staff made appropriate and timely referrals to other relevant professionals and services. They acted promptly on their recommendations.
- Care records showed people had access to professionals including; GPs, Dentists, Audiologists and Chiropodists. Health professional visits were recorded in people's care records.

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.

- People only received care with their consent. Records showed people had signed consent forms when they began to use the service. This included, medicine consent, consent to care, and privacy statements.
- Staff received MCA training during induction and received annual updates. All staff spoken with were aware of their responsibility to ensure people were given the time to understand what was being said and make their own decisions.
- The registered manager had a good understanding of the MCA and supported families where appropriate to make sure people's rights were protected.
- No one was subject to a community DoLS at the time of the inspection but staff had received DoLS training.

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 Outstanding. At this inspection the evidence did not continue to support a rating of outstanding. We have rated this key question Good: 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 told us staff were kind and caring. Comments included, "Staff know me, they respect we have a bit of a laugh together which helps things along." And, "I would say it is friendly, people are very friendly and will talk to you." One relative told us, "Yes and one of the carers brought in a bun which [relative's name] enjoyed, I think this also shows how thoughtful carers are."
- Staff spoke positively about their work and the people they supported. One staff member said, "We have a laugh and we all work together because we care about people."
- Compliments from people and relatives had been received. One comment read, "Thank you so much for organising the care for my relative, it is a credit to you and your team that despite the language barrier the carers provided excellent support and affections to my relative".
- People's cultural and religious beliefs were considered, staff told us, "We have people that go to church so their visits are before they need to leave, we make sure they are ready to go on time."
- Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability, or age. Training records showed that all staff had received training in equality and diversity.

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

- People's care records had information about their life history, interests, significant people and preferences and the registered manager and staff were familiar with these details.
- We observed during the inspection how staff members checked in with people confirming what they wanted them to do during the visit.
- Most people we spoke with said they, or their relatives were involved in their care.
- Two people we spoke with said they knew the folders were in the house but they had not seen their care plans although this had no impact on their care. One person said, "I haven't seen my care plan, the District Nurse does all of that for me and checks it all." Another person said, "I have not seen my care plan yet, but the staff would listen to me I am sure if I wanted anything done differently." A third person told us, "My daughter set this package up for me, I wasn't too involved but I am mainly happy with it."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was considered and upheld by staff. One person told us, "They will close the door when they do my feet, I feel my privacy is respected. One relative told us, "[Relative's name] is always given privacy when using the commode, they allow them to use it and they step out of the room."
- People's independence was respected and promoted. One relative told us, "[Relative's name] is encouraged

to maintain their independence by washing up and being involved as much as possible in meal preparation."

- People's confidentiality was respected, and people's care records were kept in their homes. One relative told us, "They never leave their care plan out, they always make sure it is away tidy so nobody can get hold of it."
- People were supported to maintain and develop relationships with those close to them. Relatives told us, "Yes, staff use the note pad I have set up to communicate with me and we leave messages this way. I am very confident they would contact me if they had any concerns about [relatives name] health."
- Staff told us how they made sure one person was able to attend a family members special event when no one else could take them.

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 received care which was personalised to them because staff knew people well and respected their wishes.
- Care plans were person centred which meant any new staff had clear guidance on how to meet people's needs. One relative said, "[Relatives name] and I have very good relationships with carers and staff, they like to talk and it's just a really wonderful atmosphere". Another relative said, "They asked what [relatives name] likes doing, they like looking at photographs and loves the steam railway. There are lots of photographs and the girls [staff] support [relatives name] to flick through.
- People and family members felt involved in their care. One person told us, "They always ask me what I want them to do, I can't speak highly enough about them."

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 registered manager was aware of the AIS and adhered to its requirements.
- Staff told us they would assess anyone who could not communicate and identify the best way for people to reduce barriers when their protected characteristics made this necessary.
- Care records had communication profiles that showed how staff should support people to communicate. For example, staff used pictures with one person because English wasn't their first language." Staff also said, "We use a dictionary of this persons first language and have learnt some words, that helps communication."
- A relative told us, "[Relatives name] has dementia, so information is provided using images to help them understand what is happening."

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

- People were supported to follow their interests and take part in activities that were socially and culturally relevant to them. For example, one relative told us, "Staff show an interest in [relatives name] interest of steam railways. Another relative told us, "Staff listen and take an interest in us." Adding, "They get to know what [relative's name] likes and they do their best to support it.
- One relative told us, "The service is very responsive and flexible, [relatives name] had a hospital appointment and they were quite happy to leave off the tea time visit.) Staff told us, "We work around

people, if they need to go to an appointment or to a day centre we adjust our visit times".

Improving care quality in response to complaints or concerns

- The provider had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome.
- People and relatives felt confident about raising any concerns. They said they would speak to staff or the registered manager. One relative said, "We know how to make a complaint and would feel comfortable speaking to staff. We haven't needed to make a complaint yet." One person told us, "Yes, I'd soon say if I was unhappy but they would sort it they are very good."
- Complaints we reviewed were investigated appropriately and responded to in a timely manner

End of life care and support

- At the time of the inspection three people were being supported with end of life care.
- Staff had access to an end of life policy and received end of life training. This meant staff could be sure they would be delivering end of life care in line with current national guidance and best practice.
- One staff member told us, "We rarely get involved with in-depth end of life care, we provide the personal care but that's all." Another staff member told us, "We work with families and District Nurses and do what's required for them." Adding, "If we need slide sheets we always contact District Nurses, we do what they want us to do."

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

- People were supported by a well-managed service which promoted person centred care.
- All the feedback we received throughout the inspection was positive. People we observed were happy and comfortable during interactions with staff.
- The manager was well known by people and their relatives. People we spoke with, their relatives and staff told us they had confidence in the registered manager. One relative said, "If Mum was unwell, they would contact me immediately and they have? done this a few times. I think the service is well led and managed."
- Staff worked as a team, were happy in their work and felt supported by an approachable manager. One staff member told us, "[Registered managers name] is easy to get on with, I could go to them with anything. Another staff member said, "They take an active role in supporting people and staff, they do care work as well, it is very well led." One person told us, "I feel the service is well managed, we have a laugh together which helps."
- The registered manager told us, "I lead by example, resulting in the best possible outcomes." Adding, "I teach staff to go the extra mile." Adding, "I'm proud of the staff and everything they do, we have been nominated as a semi-finalist in the outstanding care award and one staff member is a finalist for new comer of the year."

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 promoted the ethos of honesty and understood their responsibility to let others know if something went wrong in response to their duty of candour. For example, reporting significant events to CQC and other outside agencies.
- Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.
- The registered manager told us that key messages were communicated regularly through day to day contact with staff. Staff we spoke with confirmed this and told us they felt communication was good. One staff member told us, "We have an [online application] we use so we get any updates immediately."

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

- There was a strong framework of accountability to monitor performance and provide clear lines of responsibility. The registered manager was supported by a care coordinator and senior care workers.

- The registered manager took any major operational decisions to the registered provider for consideration and agreement.
- The provider's approach to quality assurance included completion of an annual survey. The results of the most recent survey had been extremely positive.
- There was a system of audits to ensure quality of the service was checked, maintained, and where necessary improved.
- The provider completed regular audits. These included checking medicine records were accurately completed; checking care plans were to a good standard and regularly reviewing and monitoring accidents and incidents.

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

- People, and relatives were asked for their views about the agency via satisfaction surveys. The most recent feedback results showed that people were happy with the service they were receiving.
- The provider showed us how they involved people in the promotion of their service through the use of social media.
- Senior care staff met with people frequently to complete spot checks or obtain feedback about the service. One person told us, "Very good communication, I know what is happening with my care through speaking to carers and care reviews."
- Staff meetings were held to enable staff to contribute their thoughts and experiences. One staff member told us, "I would come in the office and speak to [registered managers name], we have staff meetings too."

Continuous learning and improving care

- The provider had a development strategy to improve the service. This included introducing an electronic care plan system to improve access to records.
- Staff were motivated by, and proud of the care they gave. One staff member told us, "It is a really nice place to work. I've never felt more supported in a role." Adding, "Very secure in my job as well."
- The registered manager also said they planned to introduce mental health first aiders to support staff in their role.

Working in partnership with others

- The registered managers had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with the local commissioning teams, GPs and other health care professionals. This enabled the service to provide comprehensive care.