

Llayett Limited

Good Neighbour Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Good Neighbour Care is a home care agency which provides domiciliary care services to people living in the community. This was an announced inspection and the provider was given 48 hours' notice. This was to ensure that someone would be available at the main office to provide us with the necessary information

This was the first inspection of the service since it was registered with the Care Quality Commission (CQC) in April 2015.

At the time of the inspection there were five people using the service. The service provides personal care, escort and cleaning services to older people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us that they were very happy with the care and support that they received. Care staff knew the people they were supporting very well and carried out their duties with dignity and respect.

People receiving a service each had a detailed care plan which included specific details about how the person would like to be supported. A copy of the care plan was held at the persons own home. Care plans were reviewed and updated every six months or as and when required. Care plans included environmental risk assessments and risk assessments which took into account the premises and location of the property. However, the service did not identify and assess people's individual associated risks and therefore did not provide staff with guidance on how to mitigate those risks to ensure people are kept safe at all times. This was highlighted to the registered manager during the inspection.

Care plans were signed by the people who received care and support as part of their initial assessment. However, the service was not obtaining peoples consent after a review of care and support had taken place so as to ensure people were involved with the review and agreed to any changes that had been made.

People told us that they felt safe and trusted the care staff that supported them. The service had a safeguarding policy and procedure in place which provided guidance on the actions to take if abuse was suspected. Staff could also explain how they would report abuse and their responsibilities around keeping people safe.

People told us that staff were always on time when arriving for their call. If staff were delayed for any reason, staff and the registered manager would always communicate effectively with them to keep them updated.

Staff recruitment processes were robust. Staff files showed that prior to their employment, all appropriate

checks had been completed. This included a criminal records check, identity checks, two written references and confirmation that they were legally permitted to work in this country.

Training records that we looked at showed us that staff were provided with an in-depth induction programme, which covered a variety of topics. People that we spoke with also confirmed that they felt staff had the appropriate skills and knowledge to support them effectively.

The service had a supervision and appraisal policy in place. Staff told us that they were well supported by the registered manager. Staff told us that they met regularly with the registered manager and also received regular supervisions and spot checks. We saw evidence that these sessions had taken place. However, the service was not providing the number of supervisions, as required as per their company policy.

People told us that they did not have any complaints about the service. However, people said that if they had any issues or concerns to raise, they knew who to speak to and felt confident and able to do this. People also told us that were assured that their concern or issue would be dealt with immediately.

The service was in the process of devising an annual quality assurance procedure in order to obtain feedback from people who they provide care and support to. The registered manager told us that they regularly obtained feedback from people using the services with a view to learning and improving the service they provide. People we spoke with confirmed that the registered manager regularly asked their opinion on the service they received and if they were happy with the care and support that was provided.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to assessing risks associated to people's care and support needs. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe. Although the service assessed environmental risks and risk associated with the premises where care and support was provided, the service did not identify individual risks associated with people's care and support needs.

The service had policies and procedures in place for the protection of people of abuse. People told us they felt safe and trusted the care staff that supported them.

The service had safe and robust recruitment systems in place to ensure that all staff recruited by the service were suitable to work with people.

Is the service effective?

Good 

The service was effective. Prior to commencing work, staff were taken through an in-depth induction programme which covered a variety of topics to enable them to support people effectively.

People told us that they felt staff had the appropriate skills and knowledge to carry out their role.

Staff told us that they received regular supervision and were supported effectively in their role. However, the service did not provide the number of supervisions annually in line with their policy.

The registered manager and staff members had an awareness of the Mental Capacity Act 2005 (MCA) and knew to never presume someone lacked capacity. The service always obtained consent from people prior to providing care. However, the service did not ensure the care plan had been signed once a review of care had taken place.

Is the service caring?

Good 

The service was caring. People told us that the care and support they received was of a very high standard. Staff were caring and considerate and treated people with dignity and respect.

Staff knew the people they supported very well. They

demonstrated a good understanding of their care and support needs, how to support them to maintain their independence and their likes and dislikes.

People told us that the registered manager and care staff always listened to them and supported them according to their needs and wishes.

Is the service responsive?

Good ●

The service was responsive. People told us that they did not have any complaints about the service but knew who to speak with if or when a concern or issue arose.

Staff explained to us what person centred care was and gave examples of how they have supported people to remain as independent as possible and be involved in the planning of their own care.

People told us that the service had been very responsive in ensuring that their needs and requirements were met. The service had made referrals to a number of external agencies so that people had access to a variety of services to meet their needs.

Is the service well-led?

Good ●

The service was well led. People knew the registered manager and were very positive about them and the service they provided. People told us they received a good service.

People told us that the registered manager regularly contacted them to obtain feedback about the service.

Staff told us they felt well supported in carrying out their role. The registered manager maintained contact with staff on a regular basis through telephone calls, text messages, spot check visits and formal supervisions sessions.

Good Neighbour Care

Detailed findings

Background to this inspection

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

This inspection took place on 20 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

Prior to the inspection we looked at information we had about the service. This included notifications of the safety and wellbeing of people, provider information returns (PIR) and information provided local authority commissioning services. A PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

The inspection was carried out by one inspector. During the inspection we spoke with the registered manager and one care staff member. After the inspection we carried out telephone interviews and spoke with two people who used the service and two of the care staff.

We looked at five people's care plans and other documents relating to their care including risk assessments and daily record notes. We also looked at six staff files and a number of other documents including a variety of policies and procedures, training records, finance management and complaints records.

Is the service safe?

Our findings

People that we spoke with told us that they felt safe and trusted the carers that came to support them. One person told us when asked if they felt safe with the care they received, "Yes, I feel safe, definitely."

As part of the care planning process, the service looked at risks that may affect people and staff who supported them. The service completed environmental risk assessments and also assessed risks associated with people's premises including internal aspects of the premises. Assessments covered property surroundings, lighting, parking, smoke alarms and flooring, trips and skids. However, the service did not identify and assess individual and personal risk associated with people and their care and support needs. For example, moving and handling or risk of slips, trips and falls had not been assessed where required. One person was noted to suffer with low blood pressure and dizziness but this person had not been assessed as at risk of falls. We spoke to the registered manager about this, who told us that they would amend the care plan to ensure a risk assessment table was incorporated, which would identify people's individual risks and how to mitigate such risks to ensure the safety of the person.

This was in breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager wrote to the CQC providing us with an updated version of the care plan which included a table that would identify risks such as medicines, mobility, mental capacity and other health conditions. The table would identify the risk levels, what control measures were in place and actions to be taken in an emergency. The registered manager told us that care plans for all the people they were currently supporting would be updated to reflect the changes.

The service had policies and procedures in place for the protection of people from abuse. The safeguarding policy we looked at was detailed and provided information and guidance on how to recognise the different types of abuse. This also described what staff should do if they witnessed any form of abuse and who to contact, including contact details of the local authority and the CQC. Staff were very aware of their responsibilities about protecting people. One staff member told us, "If I saw a scratch that wasn't there the day before I would query it. Things may seem minor but it's better to query and report it."

Staff understood what was meant by the term whistleblowing and were aware of whom any concerns could be reported to, including external organisations such as the CQC and the local authority.

People told us that staff were always on time for their call. If ever they were late, the staff member and registered manager would communicate with them. They would ensure they were kept updated as to the estimated time of arrival of the staff member. One person told us, "Oh yes! Sometimes staff arrive early. One time there was road traffic accident but both the carer and the manager called me to keep me informed." Another person told us, "Staff or the manager always ring me to communicate."

The service employed six members of staff. Staff did not have any concerns about staffing levels and people

we spoke with also confirmed that they had a regular carer supporting them with their care. They also told us that if someone new had to attend to their care and support needs, the registered manager would always introduce the person to them first. The registered manager would then obtain feedback about them after the call to ensure that the person was happy with the service that they had received.

The service had systems in place to record any accidents or incidents that occurred at a person's home where care staff had been in attendance. To date no accidents or incidents had been recorded.

The service had robust recruitment systems in place to ensure that staff employed were safe and suitable to work with people. We spoke with the registered manager about the processes in place. They told us, "I want to see the carer in them before I permanently employ them." We looked at six staff files and found that each file contained a personnel file checklist. This gave the registered manager an overview of the documents and checks that had been obtained and when these had been received and completed. The files also showed that a criminal record check was completed prior to a person starting work. Two written references were obtained as well as identity verification checks which included documents such as bank statements, national insurance documentation and birth certificates and a photo identifying the staff member. The service also retained copies of the completed job application form, the interview questions that were asked as part of the process and a signed copy of the employment contract.

The service had a medicines policy which covered administration and prompting of medicines and directions for staff on how medicines should be managed. It described how people should be supported with medicines especially for those people living within their own home. At the time of the inspection staff did not support people with the administration of medicines and were only prompting and reminding people to ensure they had taken their medicines as prescribed. People we spoke with also confirmed that staff would only remind them and that they managed taking medicines themselves. One person told us, "The carers remind me about medicines to make sure I have taken them."

Is the service effective?

Our findings

People that we spoke with felt that the staff that supported them were skilled and knowledgeable in supporting them with their care needs and requirements. One person told us, "Yes they are skilled; they even know how to cook."

Prior to commencing work staff were required to attend an induction programme which covered topics such as moving and handling, safeguarding adults, health and safety, infection control, food hygiene, emergency aid, policies and procedures and dementia awareness. The registered manager had the skills and knowledge to deliver the training themselves. The training also included looking at different situations that carers may face as part of supporting someone which included care staff members experiencing how it feels to be hoisted. Training records that we looked at confirmed that each staff member had received this training. Training needs and development was also discussed as part of the supervision and support process.

In addition to this the registered manager has also implemented plans to deliver the care certificate to all staff members. An external trainer has been recruited to go through the course content with each staff member in order to complete the course over a set period of time.

The service had a supervision policy in place. Staff that we spoke with told us that they felt supported in their role and received regular supervision with the registered manager. One staff member told us, "I see the registered manager nearly every day and as well as having supervision the registered manager sends messages to us all the time." However, records that we looked at did not evidence that supervisions were taking place as per the provider's policy. We saw that most staff had only received two to three supervision sessions in the last year. The supervision policy stated that any new staff would receive a weekly supervision for one month and then monthly supervision for one year. Any existing staff who had been in employment for more than one year would receive supervision every two months. We highlighted this to the registered manager who agreed that this needed to be reviewed and would make sure that system and processes were followed as per their own policy and procedures.

Staff were yet to receive an annual appraisal as they had not completed one year in employment. The registered manager was aware that staff members were due their appraisal and would ensure that these were completed when required.

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.

The registered manager and staff that we spoke with had a clear understanding of MCA. Staff members told us, "People have a right, you cannot force things on them, you always have to ask" and "The people I

support have capacity but if anything was to change and if I noticed any changes I would notify the registered manager."

A MCA policy was available which incorporated information and guidance on best interest decisions, restraint and Deprivation of Liberty Safeguards (DoLS). MCA assessment forms were also available to use if the service was required to assess someone's capacity. Currently all the people receiving services from Good Neighbour Care had the capacity to make all decisions regarding their care and support.

Prior to commencing a service, the registered manager completed an assessment of needs with the person requiring care and support. As part of this process, the registered manager would request that the person sign the care plan confirming that they consented to the care and support that was to be provided. We saw evidence of this on all of the care plans that we looked at. People we spoke with also confirmed that staff always asked their permission before supporting them with their care. However, as part of the review process and where the care plan was updated, the service did not obtain signatures from people to confirm that they had agreed to the changes. We spoke to the registered manager about this who told us that the review process always took place with the person receiving the care, but would make sure that the person signed the care plan once the care plan had been updated to confirm that they agreed with the changes.

The service provided care to people within their own home. Care staff were not involved in menu planning for people or ensuring that people's nutrition and hydration needs were met. However, the service did support people with preparing basic meals or heating up pre-ordered ready meals.

Care plans provided detailed information about people's likes and dislikes in relation to food and drink and what their preferences were. Within the care plan staff were provided with information about what people would like for breakfast, giving people choice. It was also expected that before staff members finished the call, sufficient food and drink were left in easy reach so that people could access these throughout the day.

Care plans contained information about people's medical conditions and healthcare needs. Care staff knew the people they supported very well and always recorded and reported any concerns or changes in people's health to the registered manager. Staff also supported people to make hospital appointments where required and the service provided an escort service to these appointments. Care staff knew who to contact if there were any concerns about people's medical health including emergency contacts.

Is the service caring?

Our findings

People told us that the staff that supported them were very caring and treated them with kindness and respect. People made comments which included, "They have gone the extra mile for me", "They have been wonderful, absolutely wonderful" and "They are lovely, all of them are great." One person said, "They [the service] should be held up as a standard to which other agencies should aspire to, then people would not need to worry."

People's care plans contained detailed information about their preferences, likes and dislikes and how they would like to be supported. Care plans detailed the times people would like their visit and whether they preferred a male or female care staff member. The care plans also outlined what people would like to eat for breakfast or lunch and if any household chores needed to be completed. There was also guidance about how someone's feet should be elevated, as they suffered with swollen legs.

People told us that they were involved in the planning and delivery of care at all times. People felt comfortable telling care staff what needed to be done and how they would like their support to be provided. Care staff told us that providing care and support was about, "Getting to know your clients." One staff member told us, "You have to build up trust with your clients." Another staff member told us, "The client comes first."

We saw that privacy and dignity and the type of service people should receive in relation to this formed part of the service users handbook, which the service gave to people when a service was provided. Privacy and dignity training also formed part of the induction programme. We noted that on care plans that privacy and dignity was broken down into sections. This give care staff prompts and guidance on how to ensure a person was provided with privacy and dignity as part of the support they received. For example, prompts were provided about keeping people covered and keeping the doors shut when supporting with personal care. When we asked people about whether staff maintained their privacy and dignity people replied by saying, "Oh yes, definitely" and "Yes, my privacy and dignity is absolutely maintained." One staff member told us, "I look at that person and treat them the way I would like to be treated."

Is the service responsive?

Our findings

People that we spoke with did not have any complaints about the service that they received. They also told us that if they did have any concerns or issues that these would be dealt with promptly with a satisfactory result. One person told us, "I call the registered manager all the time and my concerns are dealt with immediately."

The provider had a complaints policy and procedure which also formed part of the service user's handbook, which was given to people when they began to receive a service from the provider. The policy outlined the procedure to follow when making a complaint and also listed contact numbers for people to contact externally. This included the local authority, the CQC and an independent advocacy service. The service had no recorded complaints to date.

People told us that they always received their regular carer who supported them with their care needs. People told us that if there was any change to the staff member providing the support, this was always communicated to them. A new member of staff providing their care was always introduced prior to any support being provided. One person told us, "The manager always asks me if they send a new carer and they will ask me what I thought about the carer after the call has finished and I will give my honest opinion."

The service carried out an assessment of people's needs prior to any service being provided to ascertain whether the service could meet that person's needs. Once the service had begun we saw that the registered manager carried out six monthly reviews of the care that people received. This could be sooner if people's needs had changed or there had been some other significant change to the person's health or medical needs. People we spoke with also confirmed that the manager spoke with them regularly to find out if there were any issues or concerns. One person told us, "The manager visits regularly, they are more like a friend to me."

Care plans that we looked at were responsive to people's changing needs. We noted that a referral had been made to the continence service where the service had identified a particular need. One person told us how the service had made such a positive impact on their life in terms of the equipment that they now had to assist them in their day to day activities. This had been arranged by the service that had referred the person to an occupational therapist. The person this referred to told us, "The service called in the occupational therapist and they have got so much equipment for me."

Care staff recorded their daily interactions on daily recording sheets which were held at the person's home. Notes recorded the time the carer arrived, the time they left, how the person was supported, any changes or concerns and if the office had been notified. We saw consistent recording in all the records that we looked at. The registered manager told us that records for up to two weeks were kept at the person's home. The rest would be collected on a regular basis, reviewed and then archived.

We spoke with care staff about supporting people with regards to their disability, age, race, gender or sexual orientation. Care staff told us that all people are different and needed to be supported in an individual way.

They also told us, "People are people, you treat them like you would anyone else. It's not for me to judge that person" and "It's about promoting independence."

Is the service well-led?

Our findings

People using the service were very happy with the support that they received and were very complimentary about the registered manager. One person told us, "I can't speak highly enough of them." Staff that we spoke with were also very positive about the registered manager. They told us that the registered manager was always available and was very supportive. Care staff told us, "The registered manager is very helpful, very nice" and "The registered manager is a lovely person and we get on well. She is very supportive and calls me up at least three times a week and also pops into the client's home to meet me and the person I am supporting."

One staff member gave an example of a recent event where a person had passed away and described the way in which they were supported by the registered manager. They said, "I was with the person when they passed away. I informed the registered manager straight away. She came straight away and we stayed together so that we could help and support the family and each other together."

We spoke with the registered manager about staff meetings and communicating general information to the team on a regular basis. The registered manager had not held any staff meetings since their registration. The registered manager told us that until now they have always communicated with staff on a regular basis and if issues did arise that these would be dealt with immediately. At this time a need for staff meetings had not been identified. Care staff that we spoke with confirmed this and felt well supported and informed about their role and anything relating to the care and support they provided.

The registered manager told us that, "Their emphasis is always on communication and taking the person along with you in whatever you are doing." With reference to providing care and support the registered manager was of the opinion that, "It's about doing with rather than doing to."

The registered manager told us that they were in the process of devising annual feedback questionnaires for people who use their service and their relatives where appropriate. They also told us, "It's not been a year yet, but I regularly chat to people to get feedback about how the service has been." People we spoke with confirmed that the registered manager regularly contacted them to get their feedback about the service they had received and if they had any concerns or issues.

The service had some quality assurance processes in place such as spot checks, monitoring of daily recording sheets and care staff timesheets. The registered manager also formed part of the rota and provided care and support to people which gave them a good insight into what was happening out in people's homes. The registered manager told us that due to the size of the service at present, they were able to quality assure systems without a formal process. However, as the service expanded they would implement a more formal process to audit and check particular areas such as care plans, training records and supervision overviews.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People using the service were at risk because the service did not assess and mitigate individual risks identified as part of the care and support plan. Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment</p>