North Tyneside Homecare Associates Limited

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Inspection report

Suites 9 & 14
Phase 2, Centre for Advanced Industry, Coble Dene
North Shields
Tyne And Wear
NE29 6DE

Tel: 01912575449

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18 July 2017
20 July 2017
28 July 2017

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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

This inspection took place on 18, 20 and 28 July 2017 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 in to assist us. North Tyneside Homecare Associates is an established service which had previously registered at a different location. This is a first inspection of a newly registered service.

North Tyneside Homecare Associates is a domiciliary care agency providing care and support to people in their own home.

A manager was in place and they had applied to become registered with the Care Quality Commission. 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 and their relatives told us the service kept them safe. They trusted the workers who supported them. Risks to people were assessed and plans put in place to reduce the chances of them occurring. Policies and procedures were in place to safeguard people from abuse. People's medicines were managed safely. The provider and manager monitored staffing levels to ensure enough staff were deployed to support people safely. The provider's recruitment process minimised the risk of unsuitable staff being employed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves. There were other opportunities for staff to receive training to meet people's care needs.

Staff were aware of people's nutritional needs and made sure they were supported with eating and drinking where necessary. People received their medicines in a safe way. People's health needs were identified and staff worked with other health care professionals to ensure these were addressed.

People praised the kind and caring approach of staff. Staff were respectful and explained clearly how people's privacy and dignity were maintained. Staff understood the needs of people and care plans were person centred. People and their relatives spoke positively about the care provided.

A complaints procedure was available and people we spoke with said they knew how to complain, although most people said they had not needed to. Where a complaint had been received it had been satisfactorily resolved.

Staff said the manager and management team were supportive and approachable. Communication was effective, ensuring people, their relatives and other relevant agencies were kept up to date about any changes in people's care and support needs and the running of the service.

People had the opportunity to give their views about the service. There was consultation with people and family members and their views were used to improve the service. The provider undertook a range of audits to check on the quality of care provided.

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.

People were protected from possible abuse as systems were in place to protect people. Staff said they would be able to identify any instances of possible abuse and would report any that occurred.

People received their medicines in a safe and timely manner.

Staffing levels were sufficient to meet people's needs safely. Appropriate checks were carried out before new staff began working with people.

Is the service effective?

Good

The service was effective.

Staff had access to training and a system was in place to ensure this was up to date. Staff received regular supervision and appraisals.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment.

Staff liaised with General Practitioners and other health care professionals to make sure people's care and treatment needs were met.

People received food and drink to meet their needs and support was provided for people with specialist nutritional needs.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received and were well supported by staff. They told us staff met their needs appropriately and with dignity and respect.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care to the person.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and people's abilities and preferences were clearly recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and expressed confidence in the process.

Is the service well-led?

Good

The service was well-led.

A manager was in place who had applied to become registered with the Care Quality Commission.

An ethos of individual care and involvement was encouraged amongst staff with people who used the service.

The provider monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

North Tyneside Home Care Associates Limited

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 checked 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.

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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 in to assist us. North Tyneside Homecare Associates is an established service which had previously registered at a different location. This is a first inspection of a newly registered service.

The inspection was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a service for older people. During the inspection the inspector visited the provider's head office to look at records and speak with staff. After the inspection the inspector visited some people who used the service to speak with them and telephoned staff who were employed by the agency. An expert by experience carried out telephone interviews with some people who used the service and some relatives.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care. We spoke with the local safeguarding teams.

We spoke on the telephone with 12 people who used the service and four relatives. We also visited two people in their own homes to obtain their views on the care and support they received. We interviewed three staff members, the service manager and the manager for the service.

We reviewed a range of documents and records including, five care records for people who used the service, five records of staff employed by the agency, complaints records, accidents and incident records. We also looked at records of staff meetings and a range of other quality audits and management records.

Good

Is the service safe?

Our findings

People we visited and spoke with on the telephone told us they felt safe when receiving care. One person commented, "I can trust my carers 100% and know there won't be any issues." Another person said, "It's such a good feeling to not have to worry about anything." A third person told us, "I feel much safer now I have people popping in and the company is great." Another person commented, "I've never had any issues or reason to feel vulnerable or unsafe, quite the opposite." One relative commented, "We trust the two main carers that [Name] has, they are great. If [Name] is running low on milk, they will pop to the shop…, such a great team."

Staff we spoke with were clear about the procedures they would follow should they suspect abuse. They expressed confidence to us that the management team would respond to and address any concerns appropriately. Staff had received training in relation to safeguarding. Staff understood the need to protect people who were potentially vulnerable and report any concerns to managers or the local authority safeguarding adults team. They were very clear about making sure homes were secure when they left and ensuring people were safe. One staff member told us, "I'd log the concern and inform the manager." All staff we spoke with were aware the provider had a whistleblowing policy.

People using the service and staff were kept safe because suitable arrangements for identifying and managing risk were in place. Risk assessments were carried out to identify risk. People's care plans highlighted any areas of risk to people's safety and wellbeing, in areas such as mobilising, falling or choking. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. Risk assessments were also used to promote positive risk taking and support individual lifestyle choices, such as medicines management. Staff were able to explain how they would help support individual people in a safe manner.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. We were told and records showed all incidents were audited by the responsible person at the office and action was taken by the manager as required to help protect people.

Procedures were followed to safeguard against financial abuse. Risk assessments were completed around finances and support plans were agreed with the person and/or their representative. Each person who was supported with financial transactions had a ledger to record them. Receipts were obtained for all purchases. Regular checks of the records were carried out by management. These measures helped assure people that their money was being handled safely. One person told us, "Carers don't deal with my money but I give them what they may have spent on milk or bread."

Staffing levels were determined by the hours contracted for each individual care package. These were totalled and planned for by the provider on their IT planning system. This enabled senior staff to plan for each person's care and match this to available staff. Each person's dependency was assessed by the referring authority and where necessary people would be supported by two carers at a time. People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the

office was not open.

Staff had been recruited correctly as the necessary checks had been carried out before people began work in the service. Relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions or were deemed unsuitable to work with vulnerable people, had been obtained before they were offered their job. Application forms included full employment histories.

People told us they received their medicines when they needed them. Staff had completed medicines training and staff told us periodic competency checks were carried out. Staff had access to a set of policies and procedures to guide their practice. Medicines were obtained on an individual basis, with some people managing these by themselves, or with the support of their relatives. All records seen were complete and up to date. The management team also undertook periodic audits, and any shortfalls were identified and suitable actions put in place.

Good

Is the service effective?

Our findings

People were supported by skilled, knowledgeable and suitably supported staff. People we spoke with and their relatives praised the staff team. One person told us, "The carers I get appear to be well-trained and professional all the time." A staff member commented, "It's great working here, there are opportunities for development. You get put through for qualifications." Another staff member said, "There are opportunities for training all the time."

Staff told us when they began working at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. They told us induction included information about the agency and training for their role. They were issued with an employee handbook and key policies and procedures to make them familiar with the standards expected of them.

The staff training matrix showed staff were kept up-to-date with safe working practices. It showed there was an on-going training programme in place to make sure that all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as basic life support, nutrition. dementia awareness, epilepsy, end of life care, pressure area care, person centred care, communication, distressed behaviour, principles of care, mental capacity and equality and diversity.

Staff were supported with regular supervisions and appraisals. They told us they received supervision from the management team, to discuss their work performance and training needs. They also said they found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had. Staff told us they could also approach the manager and co-ordinators in the service at any time to discuss any issues.

CQC monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights and they are involved in making their own decisions, wherever possible. The manager was aware of where relatives were lawfully acting on behalf of people using the service. Such as where they had a deputy appointed by the Court of Protection to be responsible for decisions with regard to their care and welfare and finances when the person no longer had mental capacity.

Records showed people were involved in developing their care and support plan and identifying the support they required from the service and how this was to be carried out. For people who did not have the mental capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'. People told us care workers always asked their permission before acting and checked they were happy with the care that was provided.

People told us they could contact the office if they needed to. They said communication from the office was good. One person told us, "Staff are very helpful if you phone them." Another person said, "Staff are helpful

and supportive if you need to contact the office." People also told us carer workers would communicate with their relatives if needed. One person commented, "Carers will let my relative know if I'm feeling unwell."

People were provided with different levels of support to meet their nutritional needs. This ranged from help with food shopping, support in making choices about and preparing meals, to assisting people with eating and drinking, and specialist feeding techniques. People had individualised support plans which described their dietary requirements, likes and dislikes, and the support they needed. Some plans also included advice from dietitians, nurses and speech and language therapists. For example, a nurse had been involved to provide training about the use of a Percutaneous Endoscopic Gastrostomy (PEG) to show staff how to feed a person. PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines.

At a home visit, in one person's care records we noted the advice from one health care professional although in place was not immediately obvious in one person's care plan to ensure staff provided the appropriate nutritional support. The person had told us they did not always receive a pudding. We discussed this with the manager as there was recent guidance in the file from April 2017 detailing what the person could eat. We checked and this was addressed immediately by the office and the person's care file in their home was audited and the most recent guidance placed in a prominent part of the file that stated a person could eat certain puddings. Staff recorded meals and drinks taken each day. One person told us, "I thought I might not like having my meals prepared for me but its fine and I get to choose each time."

A number of people using the service managed their own medical appointments, however staff would assist with arranging and attending appointments when needed. One person told us, "My carer calls the doctor or nurse if needed so that means I don't have to worry." Records showed people were registered with a GP and received care and support from other professionals, such as the district nurse, speech and language therapist and medical consultants. People's healthcare needs were considered within the care planning process. Assessments had been completed on physical and mental health needs. From our discussions and the review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt and effective health care.

Good

Is the service caring?

Our findings

All people we spoke with told us they were happy with the support and the staff who cared for them. One person commented, "Such kindness and gentleness, I'm not used to this. I'm so lucky with my carers." Another person said, "My carers are kind and caring and I'm really fond of them, they make my day." A third person commented, "Such wonderful carers what more can I say, nothing is too much trouble for them." Other comments included, "My carers are excellent, I couldn't ask for better", "One word life line", "You cannot improve on excellence and that's what the carers and service are to me."

People told us they had received information about the care they were to receive and how the service operated. One person commented, "The information pack about the service and visits by staff before the service started were really helpful and put my mind at rest."

Most people commented that staff's time keeping was good and that they were reliable. They told us they would be contacted beforehand if a carer was going to be late. One person said, "Someone will phone me and say the carer will be on their way soon." Another person told us, "My carers always are here for the right amount of time-if they were late I know there is a good reason." A third person commented, "I always get a call if my carer is going to be late that means I don't worry that they have had an accident." Records for one person reinforced they liked to know if there was a change in carer, it stated, 'I want to be told as far in advance who is coming into my home.'

Staff we spoke with understood their role in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. People were encouraged to make choices about their day to day lives and they were involved in decision making about their care. One person told us, "If I need to let staff know anything, they will stop and talk it through with me making me feel like I'm the only visit they have that day." Another person commented, "The detail around my support has been explained and the carers always go through what they are going to do."

Detailed information was recorded to make staff aware of each person's communication methods and how to keep people involved in daily decision making. Where a person did not communicate through words, or had limited speech, specific details about what their different gestures and facial expressions usually meant were recorded. Example in communication care plans included, 'I have limited communication but I am still able to make my needs known', 'I have access to a picture communication board and an 'app' on my Ipad, which I can use' and "I will point to items that I require."

All people we spoke with said their privacy and dignity were respected. Staff were considered to be attentive, friendly and respectful in their approach. Staff were aware and respectful of people's cultural and spiritual needs. One person told us, "I wasn't sure about the personal care as I am a private person but they [staff] have approached it with such respect that I am now fine with the support." Another person commented, "Staff do respect my dignity and make sure I am okay with what they do."

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of

the agency any issues or concerns. This sometimes led to a more formal advocacy arrangement being put in place with external advocacy services. Advocates can present the views for people who are not able to express their wishes.

Good

Is the service responsive?

Our findings

People told us the care they received met their needs. One person commented, "My carers carry out all my tasks and more-they don't have to do my little bits of shopping but they do." Another person said, "They [staff] are reliable." A relative told us, "The whole family feel relieved that my parent is getting some support and we can see a difference in them."

Before people started to use the service a care needs assessment was received from the local council's social work or health authority staff. From the information outlined in these assessments individual care plans were developed and put in place to ensure staff had the correct information to help them maintain people's health, well-being and individual identity.

Care plans covered a range of areas including, diet and nutrition, psychological health, personal care, managing medicines and mobility. We saw if new areas of support were identified then care plans were developed to address these. The agency employed a registered nurse who was involved in assessments of people and the training of staff to ensure any specialist needs of people were addressed and supported by staff.

Care plans were person centred and well detailed to guide staff's care practice. The input of other care professionals had also been reflected in individual care plans. For example, the speech and language therapy team, SALT team guidance was in place for a person with dysphagia, (difficulties with swallowing.) Other examples in care plans included, for mobility one record stated, 'I require carers to be at my side when I am mobilising due to my being unsteady on my feet and being at risk of falling.' A care plan for nutrition stated, 'I like carers to make me my meals offering me a choice of food and drinks. I can make a choice and will point to the food I want to eat' and a personal hygiene care plan recorded, 'I require assistance to have a wet shave. I will let carers know when I want a shave, so please ask me.'

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. They provided information of how the person wanted to be supported, if they were not able to fully inform staff of their preferences. Examples in records included, 'I'd like staff to listen to me when I speak, not for them to speak for me', 'I enjoy scrambled eggs and bacon', 'I like to watch television. I can put it on and choose the channel I want' ,'I don't like mornings, being woken up' and 'I prefer to talk on a one to one basis as I get confused if more than one person is speaking at a time.'

Staff kept up to date with people's care needs by reading through care records. They told us changes in people's care were passed on to them through the agency's office. Staff kept daily progress notes to monitor people's needs, and evidence what support was provided. Comments in records made by staff were meaningful and useful in documenting people's changing needs and progress. They gave a detailed record of people's wellbeing and outlined what care was provided.

Records showed that care plans and risk assessments were regularly reviewed to ensure they accurately

reflected people's current care and support needs. People and relatives told us their care could be changed if they needed it to be. They told us they were involved in discussions about their care and support needs. They were fully aware of their care plans which were kept in their houses. One person commented, "After every visit my carer writes in a book and I can read it if I wanted to or my relative could." A relative said, "I received a letter about a meeting and was invited to go along to discuss about [Name]'s care."

People told us they knew how to complain. One person told us, "Never had to complain and I don't think this will change." The agency's complaints policy provided guidance for staff about how to deal with complaints. A record of complaints was maintained. Complaints received were investigated and resolved with the necessary action taken.

Good

Is the service well-led?

Our findings

A manager was in place who had applied to become registered with the Care Quality Commission. The previous registered manager had left in July 2017. The manager applying for registration was fully aware of their registration requirements and had ensured that the Care Quality Commission (CQC) was notified of any events which affected the service.

The service had a defined management and staffing structure with field supervisors responsible for different staff teams assigned to geographical areas. Staff received a company handbook when they started to work at the service to make them aware of conditions of service.

Staff, people and relatives said they felt well-supported and spoke highly of the service provided by the agency. One person told us, "I can't see how they can improve anything, they have been fantastic and supportive." We were told by staff and people that management were supportive and approachable. One person commented, "The manager is always available or will call back if I have a question." Another person said, "The office is great, very friendly, go above and beyond." A third person told us, "Very supportive office staff, they offered me the choice as to whether I wanted to make a formal complaint- they were happy to support whatever decision I made."

The manager and service manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The manager and service manager were able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

The culture promoted person centred care, for each individual to receive care in the way they wanted. Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves. There was evidence from talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The organisation was an employee owned company and it encouraged staff members to be involved in its operation. A staff member was voted to be staff representative and to take forward the views of field staff to the management board at executive level. A monthly newsletter was sent to staff to keep them informed and involved in the running of the organisation. Staff were encouraged and rewarded for making suggestions and solutions to promote their contribution.

Office staff had a weekly meeting to ensure the smooth running of the service, three monthly staff meetings also took place with care workers and six monthly meetings took place with team leaders. Minutes were available that showed areas of discussion included recent changes in the organisation, staffing rosters, staff recruitment and staff performance, staff engagement, supervisions, training and support worker duties.

People told us senior staff members called at their homes to check on the work carried out by the care workers. Staff confirmed there were regular spot checks carried out by staff including checks on paperwork

completed, moving and handling and the safe handling of medicines.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included, health and safety, complaints, safeguarding, infection control, training, care provision, medicines, personnel documentation and care documentation. Audits identified actions that needed to be taken. A monthly risk monitoring report that included areas of care such as safeguarding, complaints, compliments, medicines, clinical governance and serious changes in a person's health status was completed by the manager for analysis by head office.

The provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were completed by staff and people who used the service. The manager told us questionnaires were planned to be sent out to people in order to gather their views for any areas of improvement that required addressing as a new manager and office structure were now in place. A national staff survey for the organisation had been completed in December 2016 and the results were analysed by head office and cascaded to local offices.