

North London Homecare and Support Limited

North London Home Care & Support Limited Enfield

Inspection report

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29 November 2018

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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

The inspection took place on 27, 28 and 29 November 2018 and was announced.

North London Home Care and Support Ltd is a domiciliary care agency providing personal care and support to people living in their own homes and flats. It also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection, approximately 90 people were receiving the regulated activity.

At our last inspection in May 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People told us staff treated them with kindness and respect. People felt their dignity was respected which helped them to feel valued. Staff knew about people's individual needs and encouraged independence.

People were protected from the risk of abuse and avoidable harm. Staff received training in safeguarding and were aware of who to contact if they had concerns.

Risk assessments were in place and were reviewed regularly. People's medicines continued to be managed safely.

Recruitment was robust and there were sufficient staff available to support people to stay safe. Staff continued to receive appropriate training to give them the knowledge and skills they required to carry out their roles.

People's needs continued to be assessed before they started using the service. Care plans were person-centred and detailed. People were supported with their meal preparation and to access healthcare services when required.

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.

People were aware of how to complain and knew who to contact if they wanted to make changes to the services they received.

The service continued to work in partnership with the local authority and external health care organisations.

Systems continued to be in place to monitor the quality of the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 comprehensive inspection took place on 27, 28 and 29 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be in and we needed to ensure that people using the service could decide if they wished to receive a telephone call from us.

The inspection was carried out by two inspectors and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Inspection site visit activity started on 27 November 2018 and ended on 29 November 2018. We visited the office location on 27 November 2018 to see the registered manager and office staff; and to review care records and policies and procedures. On 28 and 29 November 2018 we made telephone calls to people who used the service and their relatives to gain their feedback. We also visited one 'extra care' scheme site.

Before the inspection, we reviewed the information we held about this service, including any notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also viewed a Provider Information Return (PIR) completed by the provider. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, managing director, in-house trainer, care co-ordinator and four care staff. We contacted health and social care professionals for their feedback on the

service. We looked at eight people's care records, including their care plans, risk assessments and medication administration records (MARs). We also looked at a selection of documentation about the management of the service, including quality assurance information, audits, three staff recruitment records, training records and complaints.

Is the service safe?

Our findings

People told us they felt safe and happy with the care and support they received from staff. Comments included, "Yes, I feel safe", "They know how to use the equipment properly and safely" and "I've had them for three years. They are very, very good." Relatives told us, "Yes, [person] is very safe with them. I am always here and I can see them" and "They are very good. I check on [person] every day."

The service had policies and procedures in place for safeguarding adults. All staff had received training in safeguarding which was delivered as part of their induction. People and staff were confident that the registered manager would listen to them and act on any concerns they raised. When we spoke with staff they demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. One staff member said, "I would contact the registered manager immediately and report it. I would make sure the person is safe."

Risks to people's health and well-being had been identified and the registered manager completed risk assessments to help people stay safe, without restricting their freedom. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. People were involved in decisions about risks they may take. For example, accessing the community, managing their medicines and finances.

Systems were in place that showed people's medicines were managed consistently and safely by staff. A healthcare professional said, "Staff are quick to address medication queries and changes in medication." Medicines were obtained, stored, administered and disposed of appropriately. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Senior staff carried out regular medicine record checks. We saw that where actions were identified, these were followed up as required.

A robust recruitment and selection process continued to be in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Staffing levels were sufficient to meet people's needs and support them safely. The registered manager considered people's needs when allocating staff to each care call. People we spoke with told us they had not experienced any missed calls and they were kept informed on occasions where staff were delayed. One person said, "I always know who is coming. They keep me informed."

Systems were in place for recording and monitoring of accidents and incidents. Records were detailed and included reference to actions taken following accidents and incidents. The registered manager analysed the accidents and incidents records to identify trends, triggers and common themes. This helped preventing any risks of re-occurrence.

People were protected from the risk of infection. Staff undertook food hygiene and infection control training. Staff told us they had easy access to personal protective equipment (PPE) such as, gloves and aprons.

Is the service effective?

Our findings

People told us they received effective care from staff who were skilled and understood their needs. One person said, "They are well trained and know what they are doing." A relative told us, "The staff are skilled and trained. They use equipment, such as hoist, without any problems."

There was a comprehensive induction and training programme in place for staff. Staff were required to complete the Care Certificate which included training in all areas required for their job. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care service. One staff told us, "I completed an induction and shadowed experienced staff before I could work on my own." Staff were supported by having regular supervisions and an annual appraisal. One staff told us, "I find the supervisions helpful and supportive."

The registered manager assessed people's needs before they started using the service. They met with people, their relatives and representatives to discuss their needs and the support they required. This ensured that staff knew about people's needs before they started receiving care and support.

Staff supported people to maintain and monitor their health and wellbeing. The registered manager told us they contacted healthcare professionals when staff had noticed people's health needs changing. For example, we saw advice was sought from the district nursing team when a change in a person's skin condition was identified.

Where required, staff supported people with meal preparation. People's care plans detailed the level of support they required in this area, for example, whether people needed prompts or full assistance with preparing their meal. People we spoke with were complementary of the support they received from staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). We checked whether the service was working within the principles of the MCA. We found that staff received training on MCA. Staff we spoke with understood the importance of consent and we saw that capacity issues were explored when planning people's care and support packages. People were asked to sign their care records to document that they consented to the care and support provided.

Is the service caring?

Our findings

People were complimentary of the staff and the service they received. Their comments included, "Staff are caring. We have a chat when they wash up and make me a coffee. They are genuine and friendly", "They care about me and make sure that I am well; they keep asking me if I am alright and if I need anything" and "They are caring and understanding."

A relative told us, "They handle [person] gently and he feels safe. When they're showering him, they go at his pace; they don't pressure him about anything."

The service had a person-centred culture. Senior management and staff were fully committed to ensuring people received the best possible care. Staff told us they enjoyed their job role and we saw a number of staff had worked with the service for many years. One staff said, "I love my job as I get to meet different people and every day is different." Staff spoke about people they supported in a caring and compassionate way. They demonstrated their knowledge of people and told us what was important to people, their likes and dislikes and the support they required. Staff understood the importance of supporting people to be as independent as possible whilst respecting people's choices.

People felt their privacy was respected and that the care provided was dignified. They told us that staff were respectful of their wishes when supporting them. Staff provided us with examples of how they ensured people's dignity and respect was upheld while they were supporting them. For example, by making sure doors and curtains were closed when supporting people with their personal care and discussing people's care in areas where they could not be overheard.

At the extra care housing, the service supported people to get together in an environment that met their needs and requirements. For example, we saw people in the communal areas, spending time with others, and joining in activities. A person told us, "I came here and they've changed my life. I have plenty of friends." Staff supported and encouraged people to access these areas and regularly checked people were happy where they were. Staff we spoke with had a positive approach towards people spending time with others in communal areas and understood the importance of how social interaction impacted upon a person's wellbeing.

The service had a policy and procedure for promoting equality and diversity within the service. Staff had received training on this subject and understood how it related to their role. They told us they treated people on an equal basis and we saw that equality and diversity information such as gender, race, religion and sexual orientation were recorded in the care files.

People could express their views about their lives with staff and others involved in their care. Where required, they also had support from staff, their relatives and friends. The registered manager understood the role of advocacy and they told us they had contact details available if anyone who used the service required the support of an advocate. An advocate is someone who supports people to ensure that their voice is heard on issues that are important to them.

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs. People told us, "They're always there for me" and "They communicate well. There are no problems with communication." A relative said, "We had a meeting about the care plan because [person] had deteriorated."

Care plans were developed following the initial assessments. These were personalised to each person and recorded details about their specific needs and how they liked to be supported. Staff knew people well and provided support according to their wishes and preferences. The care plans included information about people's health and medical history, including their religion, disability, gender, sexuality and ethnicity. Staff supported people in line with their needs and choices. Records described in detail what was required from staff at each visit and specific requirements regarding the person's communication, mobility, personal care, medicines, religious and cultural observance, meal preparation, domestic tasks and personal safety.

People's care plans contained the 'Herbert protocol'. The Herbert protocol is written information about people living with dementia who can become disorientated when out in the community. This information detailed people and places that are important to them. In the event of the person not returning to their home, this information can help emergency services to locate the person.

People and their relatives confirmed they took part in regular reviews. The registered manager reviewed and updated care plans and assessments and there was evidence that people, their relatives and external professionals had input into these. The service adjusted the support people received based on changes in their needs, as well as liaising with external professionals to ensure people's changing needs were properly supported. The registered manager and staff regularly liaised with GPs, district nurses and social workers.

The registered manager used the guidance in the new Accessible Information Standard when assessing people's needs. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they could understand. We saw people had communication care plans in place, which detailed the most effective ways to support them to communicate. They also told us relevant information would be made available in large print or other formats for people with visual impairments or sensory loss, where required.

The provider had a complaints policy in place, which was made available to people when they joined the service. Everyone we spoke with was aware of how to make a complaint and confident they could do so if necessary. One person said, "Yes, I know how to make a complaint. I would call the registered manager and I know I would get a sympathetic response." We saw that complaints had been reviewed and responded to in line with the complaints policy, with the registered manager providing a response and sharing any learning with the team in staff meetings. The registered manager told us they used complaints as learning opportunities.

Is the service well-led?

Our findings

People who used the service said the culture of the service was open, transparent and the registered manager sought ideas and suggestions on how care and practice could be improved. People said, "They've made my life so much easier; I used to struggle quite a bit before I came here, but now things are great" and "It's their reliability, professionalism and support. I can't think of any improvements they could make." A relative told us, "I am very pleased with the improvement since the agency took over."

There was a registered manager in post. 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. The registered manager was competent and experienced to manage the service effectively. They were supported in their role by the managing director.

We observed that the service was well run. People who used the service and staff told us they were treated with respect and in a professional manner. The registered manager had established links with other organisations and professionals to ensure people received a good service. This included working in partnership with external health and social care professionals. A health care professional commented that 'It has been a pleasure to work with the agency and they are easily accessible and genuinely care for the people well. The managers are easy to approach and lead the team well.'

Staff told us they were kept informed about matters that affected the service by the registered manager and managing director. They told us regular staff meetings took place and that they were encouraged to share their views. We saw minutes of these and the agenda included items such as safeguarding, staffing, training and health and safety. Staff told us the registered manager and managing director were approachable and they felt supported in their roles. One staff said, "They are very supportive and flexible. They have been there for me when I needed help, both on a personal and professional level."

The staff we spoke with were clear about their responsibilities and were motivated to provide high quality care and understood what was expected of them. Staff had the opportunity to discuss their job role and responsibilities in supervisions, appraisals and staff meetings. They spoke with enthusiasm about the people they supported and were positive about the support and quality of care offered by the service. Staff said they enjoyed working at the service and they received good support. There was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it.

The registered manager told us that feedback from people who used the service and staff was obtained through surveys, care reviews, day-to-day business and monthly meetings. The registered manager and managing director told us they spoke face-to-face with people and staff about any changes happening in the service and this was confirmed by the people and staff we spoke with during the inspection

Systems were in place which continuously assessed and monitored the quality of the service. These

included managing complaints, safeguarding concerns and incidents and accidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.