Great North Home Care Limited

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Inspection report

33 Elemore Close
Newcastle Upon Tyne
NE13 9BW

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08 April 2019

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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: Great North Home Care supports people to live independently. The service was providing personal care and support to two people living in their own homes at the time of inspection.

People's experience of using this service: The registered manager and nominated individual had close oversight of the service. They ensured standards were maintained and people received a high quality of care from staff who knew them well. They played an active day to day role in the running of the service. Records were accurate, up to date and person-centred. Where there was scope for improvement, the registered manager was receptive to feedback. Auditing processes were not always in line with established best practice. We have made a recommendation about this.

They were supported by a team of dedicated staff who understood their roles and were well trained. People's relatives spoke highly of the registered manager and nominated individual, as did staff. Staff had evidently developed strong bonds with people and feedback was consistently positive. Staff turnover was low and morale high.

People attended a range of activities, for instance going to the gym, and were encouraged to try new things.

Medicines administration was safe and staff had the appropriate skills and knowledge. Their competency was regularly assessed.

People were kept safe and staff were suitably trained in safeguarding principles and practice. There were no missed or significantly late calls evidenced during the inspection. No calls were shorter than the suggested good practice timescales and staff confirmed they had time to travel between visits to get to know people.

People's capacity was assumed and staff acted in line with the Mental Capacity Act 2005. Appropriate training was in place.

Staff worked well with external healthcare professionals to help meet people's changing needs. Relatives and external professionals spoke of their confidence in the registered manager and staff team.

Staff at all levels delivered compassionate, person-centred care in line with the provider's literature. Staff praised the dedication of the management team. They received formal and informal support.

Plans were in place for how the service would be managed should it grow.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: This is the first time we have inspected the service.

Why we inspected: We inspected the service in line with our scheduled programme of inspections.

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-led findings below.

Great North Home Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector.

Service and service type: Great North Home Care Limited is a small care at home service, registered to provide personal care to adults who live in their own homes. At the time of inspection Great North Home Care was providing personal care to two people, whilst three people received other help. Not everyone using Great North Home Care 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.

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.

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity started on 8 April 2019 and ended on that day. We visited the office location to see the registered manager, nominated individual and to review care records and policies and procedures.

What we did: Before our inspection we reviewed all the information we held about the service, including reports about changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams and safeguarding teams.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this in advance of the inspection and used it to inform the inspection.

We spoke with three relatives over the telephone, as people who used the service were unable to do so. We spoke with five members of staff: the registered manager, the nominated individual and three care and support staff.

We looked at two people's care plans, risk assessments and medicines records. We reviewed staff training and recruitment documentation, quality assurance systems, a selection of the service's policies and procedures, meeting minutes and we discussed the provider's plans for the future. Following the inspection we contacted three health and social care professionals.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
- Staff had been trained in safeguarding procedures. They felt confident and well supported should they need to raise any concerns about a person's wellbeing.
- The provider encouraged staff to raise any concerns and to highlight even subtle changes in people's needs, in case they indicated an underlying problem.
- Suitable policies were in place to help keep people safe.

Assessing risk, safety monitoring and management
- Risk assessments were detailed and person-centred. There were risk assessments of people's individual needs and circumstances. These covered, for example, specific mobility needs and environmental factors in people's homes.

Staffing and recruitment
- Pre-employment recruitment checks were in place and these ensured the provider did not employ unsuitable people. For instance, Disclosure and Barring Service checks, references and evidence of people's car insurance were all sought. The provider had in place a four-stage recruitment process which helped assess staff suitability.
- Relatives all confirmed staff were timely when supporting people; none had experienced a missed or late call. The rota and staffing levels were well managed. Agency staff were never used. One relative told, "There has never been a missed call and they're virtually never late." Staff confirmed their rotas were planned in advance and factored in travel time.

Using medicines safely
- The registered manager and nominated individual demonstrated a good understanding of people's medicinal needs. Systems were in place to ensure they received their medicines safely and on time. For instance, where a person required topical (cream) medicine, there was a detailed description and body map in place to direct staff. This was good practice.

Preventing and controlling infection
- The registered manager conducted spot checks of staff in people's homes to ensure they were adhering to good practice guidelines regarding infection control and hygiene standards. Staff had received appropriate food preparation and infection control training.

Learning lessons when things go wrong
- The nominated individual regularly reviewed survey results to see if there were consistent concerns. They also had policies in place which ensured incidents and accidents should be clearly documented and

reviewed. At the time of inspection there had been none.

Good

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

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

● People's needs were assessed before they began using the service. This involved reviewing any health and social care information available regarding the person and discussing their needs with them and any relevant family members. The provider ensured advice was sought from external health and social care professionals to ensure people's needs were met. One relative told us, "We sat down and talked through everything from the outset. They cover everything."

Staff support: induction, training, skills and experience

● Staff training was well planned, with core topics delivered during a new staff member's induction. This included areas such as safeguarding, infection control, moving and handling, fire safety and first aid. Training was a blend of face-to-face training and online modules. One member of staff said, "The training is excellent. They made sure it was all in place before I started on my own. They're really supportive. I'm looking to get another health and social care qualification and they are supportive about that."

● Regular supervisions took place with staff as well as intermittent team meetings. These happened off site as the management office was extremely small. The provider told us they were planning to move to a new office with meeting room facilities when the business grew. We found the office was appropriate for the provider's current needs.

● Relatives told us they felt staff were competent. They felt the fact there was low staff turnover and the same team supported each person meant they built up a strong understanding of a person's needs.

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

● Initial care planning meetings involved conversations with people about whether they had specific food intolerances or preferences. These conversations established whether people chose to avoid certain foods, for instance through lifestyle choice or religion. Staff respected and acted on these preferences and helped people to eat and drink.

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

● The register manager and nominated individual had built up some strong initial working relationships with healthcare professionals. They worked proactively with these to ensure people achieved good health and wellbeing outcomes. One external healthcare professional told us, "I have been really impressed. They have taken on board everything we've suggested. They get in touch when they have a question, but they have a good level of skill and knowledge anyway."

● The nominated individual acknowledged there was still work to be done to improve working relationships with social care professionals as the service strove to build its reputation.

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

- Each person's care planning documentation demonstrated they were asked about how staff could support them to have a healthy lifestyle or achieve certain outcomes. For instance, one person wanted to achieve a healthier lifestyle and were supported by staff to regularly attend the gym.
- People were supported to seek positive health and wellbeing outcomes. Staff supported people to access primary and secondary healthcare services, such as GP check-ups and occupational therapy reviews of equipment.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found no inappropriate restrictions on people's liberty. Where people may lack the capacity to make a decision, processes were in place to ensure those who knew a person best could contribute to decision making.

- It was evident in care planning documentation, and through conversations with people's relatives, that people were involved in all aspects of care planning.
- Relatives confirmed staff were patient in ensuring people consented to care on a day to day basis. Likewise, they confirmed they and their relatives were always involved in agreeing each care plan.
- Each care plan we reviewed contained the consent of a person's relative, but did not demonstrate that the person in receipt of care, despite having capacity to do so, had consented. Relatives can only consent to a person's care and treatment when the person lacks capacity and the relative has obtained the appropriate legal authorisation to make decisions on their behalf. The provider agreed to rectify this immediately.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence
- Relatives told us the provider had regard not just to the welfare of the person in receipt of the service, but the wider family. One relative said, "They understand that we are a family and we all work together. We have all felt better since they came in."
- We were told people had trust in staff and felt able to interact with them as they would with family and friends. Their relatives were confident staff promoted their dignity and independence.
- Staff treated people in a dignified way and were supported to do so by the provider. For instance, there was currently no uniform for staff as the provider did not want people to feel stigmatised when in the community.

Ensuring people are well treated and supported; respecting equality and diversity
- One relative told us, "It really is a family feel. It's the same team supports [person] and [registered manager and nominated individual] are always involved. They all have the same approach."
- Staff consistently told us they felt valued by the provider, and that they were consistently and positively enabled to ensure the provider's approach to care was embedded in their role. One told us, "They really do care about you, not just the business. They lead by example."
- Staff told us about instances of good practice. For example, one person required an ambulance, which was significantly delayed. The nominated individual, who had been on the care call, stayed with them until the ambulance arrived, then stayed with them in hospital until they were discharged early in the morning.

Supporting people to express their views and be involved in making decisions about their care
- The registered manager used communication means tailored to people's needs to engage them in the care planning process. Where people had a sensory need and required additional assurance, this was evident in care planning and staff demonstrated a good knowledge of this.
- External healthcare professionals gave positive feedback about how well they felt staff interacted with people.
- Each person had an extremely detailed care file and it was evident they and their relatives had contributed to reviews.
- The provider ensured people were given regular formal opportunities to express their views, such as questionnaires. They had also recently amended the daily journal record to include a prompt to staff to ask a question about whether they could do anything else for people.
- People's relatives and those who understood people's needs best were clearly involved in supporting people in discussions about their care.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● Care plans were extremely detailed and set out people's medical background, interests, important relationships and aspirations. Each person had a 'Quick View' file in their home, with core information taken from the larger lever arch care file. When staff started with the service they confirmed they sat with managerial staff and went through this more comprehensive file to understand people's needs before meeting them. This ensured people did not have unnecessarily large files of information in their homes.

● Recreational activities were encouraged and people had flexible access to a range of activities.

● Staff supported people to try new pursuits relevant to their interests. One relative told us, "They used to go to the same place every single week and they were bored – no one ever stopped to ask if they were bored! The change has been great and now they are always out. They have been out in the car to the zoo and bowling. I think it's great for them."

Improving care quality in response to complaints or concerns

● There had been no formal complaints since the service was registered. The registered manager ensured people had access to the complaints policy in an accessible format when they began using the service. They made themselves accountable and approachable and people were encouraged to raise any queries or concerns with the management. They were regularly present at care calls and had regular contact with people and their relatives. One relative said, "If ever we have any questions they are always available. We never have to though because they're always first to be in touch with us."

End of life care and support

● No one using the service at the time of inspection was in receipt of end of life care. Staff had not received training in this area of care. The nominated individual told us that staff would receive this training if ever needed and the organisation would liaise with relevant external nurses to ensure people's needs could be met. We found the service had already built strong working relationships with some external nursing support. One told us, "I really have been struck by how focussed on the person they are."

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

● Oversight and quality assurances processes were in place. The registered manager and nominated individual completed a range of checks and audits. These included care file reviews, spot audits of staff competence and timeliness, medication and financial audits. These audits ensured service provision was safe and that staff acted in line with the provider's caring ethos.

● We found some areas of auditing would benefit from a closer link to established best practice, for instance the auditing of medicines administration. Similarly, auditing had not identified the need for clearer evidence of people's consent to care planning. The registered manager was receptive to this feedback and keen to continuously improve.

We recommend that the provider review best practice guidance regarding medicines administration and capacity and incorporate this into auditing procedures.

● The registered manager was responsive to further feedback about the competence checks they undertook, specifically how they could be themed rather than repeating the same questions. This would allow them to more flexibly test staff knowledge on a range of changing key topics.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● The registered manager and nominated individual communicated personably and professionally with people and their relatives. They were approachable, hands on representatives of the organisation who were respected by staff, people who used the service and relatives. They and their staff consistently talked about the team approach they took to supporting people who used the service. One staff member confirmed, "It really is a caring team. There is always support if you need anything and they don't let you do anything until you're comfortable and ready." People's relatives confirmed the team worked well together.

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

● The registered manager and nominated individual were keen to grow the service. They were clear this would not happen prior to having appropriate plans and staffing in place for any growth. They clearly articulated how they hoped to continue providing the personalised, bespoke support people currently received, even if they grew as an organisation. This involved the delegation of duties and upskilling of staff.

● People were regularly encouraged to share their opinions about the service, as were relatives and external professionals. The results from these questionnaires were uniformly positive.

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

characteristics

● People's disabilities were not considered barriers to them trying new things or living the life they wanted. Staff treated people fairly and with dignity and respect.

Working in partnership with others

● The registered manager and nominated individual had formed good working relationships with some key external healthcare colleagues. We spoke with other external stakeholders who confirmed they had yet to build strong working relationships with the provider. The registered manager and nominated individual demonstrated a keenness to build better working relationships with all external agencies they worked with.