

No Place Like Home Midlands Ltd

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Inspection report

85 Belvoir Road
Coalville
LE67 3PH

Tel: 01530569739
Website: www.noplacelikehomecare.co.uk

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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

No Place like Home Midlands Ltd is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of our inspection there were 15 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received safe care. Systems within the service promoted risk monitoring and safeguarding people who used the service. Medicines were managed safely, the risk of medicines error was mitigated. Staff supported people in a timely manner.

Staff were skilled in their role. They supported people to stay well and referred them to relevant health and care professionals when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and compassionate. They treated people with dignity and respect. People were supported to be involved in decisions about their care. Their rights were promoted by the service.

The care people received was tailored to each individual. The service was responsive to people's needs and made adjustments to respond to any changes to those needs. Any concerns people raised was dealt with promptly.

The service was well-led. The managers promoted an inclusive culture which put people at the centre of the service they provide. People spoke positively about the service. There were systems in place to monitor and improve the quality of care people received.

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

Rating at last inspection

This service was registered with us on 7 April 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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.

No Place Like Home Midlands Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an 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 this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12/05/2022 and ended on 26/05/2022. We visited the location's office/service

on 12/05/2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 nine relatives of people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, office manager and two care staff. This included face to face and telephone conversations. All the staff we spoke with provided care and support in people's homes.

We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to medicines management and the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- There were systems in place to safeguard people from the risk of abuse and avoidable harm. Staff knew how to report any concerns they had about the care of people who used the service. We saw the manager dealt promptly with any reported concerns and took action to keep people safe. A staff member told us, "Safeguarding is a massive thing. It [safeguarding people] is a massive condition of our contract."
- Incidents and accidents that occurred were reported to the relevant authorities where required. This included the local safeguarding authority, social care and health professionals etc. This meant monitoring and actions were put in place to support people's safety.
- People's care records included information on risks associated with their care. This included actions staff needed to take in order to minimise the chances of the risk occurring or reoccurring. Staff told us this information was always readily accessible. This meant staff had the information and guidance that supports the provision of safe care.
- We saw the provider completed internal investigations where people may be at risk of unsafe care. They took action through supporting staff, reassessing people's needs and making changes to address concerns and mitigate risk to people.

Staffing and recruitment

- There were enough staff employed by the service to meet people's needs. One staff member told us the managers ensured they employed more care staff before they took on more packages of care.
- The service had effective systems in place to monitor that people received their care visits in a timely manner and for the agreed duration. This meant people received their care at agreed times. A relative said, "They [staff] turn up on time, they've only been late once and they let us know."
- The provider followed safe recruitment protocols. They completed relevant checks to assure themselves the staff they employed were suitable to work with people who use health and care services. These included identity, reference and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Where people required support to take their medicines, they received safe support with their medicines. This was because the service had systems in place for the safe management of medicines.
- The system for recording care visits and support at the service provided prompts for tasks required in relation to supporting people with their medicines. A staff member told us their systems did not allow them update their records if they did not show they had provided agreed support with medicines.

This meant there was a reduced risk of a medicines error occurring. A relative told us, "[Person]'s medication is managed well by them [staff], never any problems. We order them and there is an app we use to check on care when we want to."

- Staff completed relevant medicines training before they supported people with their medicines. The managers provided further support through competency and practice checks.

Preventing and controlling infection

- People were protected from the risk of infections and cross contamination. Staff had access to ample personal protective equipment (PPE) when they deliver care and support.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff had received relevant training to promote good hygiene practices when they support people.

Learning lessons when things go wrong

- The provider had systems in place for the reporting, recording and escalation of incidents that occurred at the service. Staff were confident in the use of these systems to report any concerns.
- The managers dealt promptly with any incidents reported by care staff. They also completed regular reviews of reports of incidents and notified relevant professionals where required.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people started to use the service, their needs were assessed. This included needs relating to protected characteristics as described by the Equality Act such as gender, religion, sexual orientation, disability etc. This meant the service had information which could support deliver people's care in a non-discriminatory manner.

Staff support: induction, training, skills and experience

- Staff had the skills and experience required to care for people who used the service. They had received relevant training required and had regular practice support from senior carers and managers. Relatives we spoke with described the care staff as "knowledgeable."
- New staff at the service underwent a period of induction which included shadowing. This is where new staff work with a more experienced member a staff to support them improve their knowledge and experience of people's care needs.
- Staff also had access to out of hours on-call support from their managers. This meant they had access to guidance and support at all times.

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

- Most of the people who used the service were independent with their meals and received this support from their family.
- Where people needed support with preparing their meals, staff ensured this support was delivered according to people's needs and preferences. The systems within the service supported staff with the skills and practice to provide this support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to stay well. They were knowledgeable about people's health conditions. They were proactive to notice and report and act on any changes to people's health and wellbeing. A relative told us "They [staff] are really good. [Person] had a urinary tract infection which the carers picked up on and it was treated effectively."
- Staff promptly referred people to health and social care professionals when they required this. This meant people had access to further support to enable them to maintain their wellbeing. Another relative said, "Communication has been excellent. They [staff] liaise with the GP and occupational therapist; we've had meetings with them all. They [staff] have their eyes open."
- We saw staff worked collaboratively with other professionals, following up any recommendations they

made and supporting people to follow up health advice in their daily care and support.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, none of the people who used the service were deprived of their liberty.
- People consented to the care they received. They were not subjected to restrictive practices such as restraint.
- Staff worked within the principles of the MCA.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness. People spoke positively of the care they received. A relative told us, "They [staff] are the most caring and compassionate people you can know. They're brilliant. They respect [person]." Another relative said, "The carers are really kind and patient with my [relative]. [Relative] never feels like any trouble to them. The carers are faultless."
- Staff treated people like they mattered. They had good knowledge of the lives, personal history and preferences of the people that used the service. they used their knowledge of people to care for them well.
- Staff we spoke with told us there was a caring culture within the service.

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

- People were involved in decisions about their care. their care plan stated their views on how they wanted their care to be delivered and the outcomes they hoped to achieve with the support of care staff. A relative told us, "We're pleased with them, we have regular meetings to discuss [person's] care, [pronoun] being looked after well. This reassures [pronoun]."
- There were systems within the service which would support people to access further support through independent representatives and advocates should people require this. Some people who used this service received support their family or social workers and staff involved them in decisions about people's care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. Their right to privacy was promoted by the staff team.
- People's personal information was stored securely. The service promoted confidentiality. Only authorised people had access to people's personal information.
- People could be as independent as they chose to be. Their care plans showed tasks they chose to remain independent with, staff provided support to help them remain independent with those tasks for as long as possible.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans reflected their individual needs. This included support they needed to meet their physical, mental, emotional and social needs.
- The care staff delivered was tailored to each person. A relative told us, "[Person's] care is personalised to [pronoun] needs as they vary; they are adapted for [pronoun]. Another said, "They listen to and are responsive to our needs. We do after all each have our own quirky ways. They treat us as individuals; even for anything little. They made lots of notes when we started."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- At the time of our inspection, none of the people who used the service required information in an accessible format. However, the service had systems in place to provide information that complied with the Accessible Information Standard if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Most people who used the service were independent or had support from their friends or family with their social needs. There were systems within the service to support people to access their local community if needed. This meant the service would be able to support people to reduce the risk of social isolation.

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns or complaints they may have about their care. They told us staff and the managers were proactive to resolve issues they raised promptly. A relative told us, "They [staff team] respond to comments to improve my family members care."

End of life care and support

- None of the people who used the service was receiving end of life care at the time we inspected. However, the provider had systems in place to support people's wishes and any advanced plans they made regarding their end of life care and passing.
- Staff had received training in end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an inclusive and person-centred culture within the service. The staff team knew the people they supported well and promoted the individual well-being of each person. A relative told us, "Management communicates really well, there is no exploitation and their ethos is good. I can't think of any improvements at the moment. Nothing springs to mind."
- Relatives and staff spoke positively of the support they received from the registered manager. Managers were easily accessible to staff for support and guidance when needed. Another relative told us, "The manager keeps in regular touch. She's just organised another review, this includes my [relative] and they do listen to [pronoun] views."
- The service was run in a non-hierarchical structure. This promoted an inclusive and empowering service which supported positive staff practice and engagement of people who use the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service understood and acted within the requirements of the duty of candour. This included how concerns raised were dealt with. Duty of candour is a requirement for providers to be open and honest with people when things may/could have gone wrong with the care they received.

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

- The registered manager demonstrated a good knowledge of their role including their regulatory responsibilities. They notified the CQC of a relevant incident that had occurred at the service.
- Staff we spoke with all demonstrated a clear understanding of their role and what was expected of them. They were supported by the provider to meet the expectations of their role.
- The provider had systems in place for regular audits which supported their understanding of the quality of care they provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, their relatives and staff were treated as partners to the care provided. Their views were regularly sought and considered. The provider acted on their feedback.
- People were treated according to the requirements of the Equality Act 2010.

Working in partnership with others

- The service worked collaboratively with other professionals such as social workers and health professionals to ensure the care people received consistently met people's needs.