

Next Care Ltd

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Inspection report

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Date of inspection visit:
22 November 2019
25 November 2019

Date of publication:
19 December 2019

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

Next Care Ltd is a domiciliary care service. The service provides personal care to people living in their own homes and flats in the community.

Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of the inspection the service was providing personal care to five people.

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

People's safety was promoted by staff who followed guidance on how to reduce potential risk. People were protected from the risk of harm and received their prescribed medicines safely. People were supported by sufficient numbers of staff who were safely recruited.

People's needs, and expectations of care were assessed, which included assessing people's choices and needs based on their cultural diversity.

People were supported to have maximum choice and control of their life 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.

People were supported by staff who had the necessary skills and knowledge. Staff were supported through ongoing training and supervision to enable them to provide good quality care. Staff promoted people's health by liaising with health care professionals when required.

People spoke positively about the support their family members received and told us staff were caring and kind. Staff treated people with respect and maintained their dignity. People and family members were involved in the development of the care plans, so staff could provide the care and support each person had agreed was appropriate to them.

Information was provided to people in an accessible format to enable them to make decisions about their care and support. People knew how to raise a concern or make a complaint, and the provider had implemented effective systems to manage any complaints received.

The registered manager met the legal obligations. They worked with people and relatives to facilitate good quality care for people. The service had a positive ethos and an open culture. The registered manager was approachable, understood the needs of people, and listened to staff. Quality monitoring systems were used to develop the service and drive improvement.

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

Rating at last inspection

The rating at the last inspection was Good (published 18 August 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Next Care 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

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

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 22 November 2019 and ended on 25 November 2019. We visited the office location on 22 November, during which we conducted telephone calls to relatives. We conducted telephone calls to staff on the 25 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. Such as statutory notifications received from the provider. We did not seek feedback from commissioners as all people using the service were privately funded.

During the inspection

We spoke with the registered manager, two people's relatives and five staff. We looked at various records,

including the care records for two people using the service, quality assurance audits, staff training and supervision records, safeguarding information, and written feedback from people using the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their family members were very safe with the staff who provided their care. They said they trusted the staff and had built up good relationships with them. Staff received training on safeguarding that included the reporting procedures. This meant they knew how to identify abuse and take the necessary action to protect people from harm and abuse.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support was assessed, and records provided guidance for staff on how to reduce potential risks. For example, information as to how to support people to manage their anxieties and behaviour.
- Staff received training on how to safely use hoists and moving and handling equipment. Relatives confirmed they had no concerns about the staff's capability to safely use the equipment.

Staffing and recruitment

- Appropriate recruitment practices were followed to safeguard the risk of people being cared for by unsuitable staff. For example, Disclosure and Barring Service (DBS), criminal convictions checks and references were obtained before staff started working at the service.
- Relatives said the staff were reliable and they usually had the same team of staff attend to their care.

Using medicines safely

- People using the service were supported to take their medicines by family members. Staff provided minimal support, such as prompting and reminding people to take their medicines. However, staff had received medicines administration training in the event they needed to take on this responsibility.

Preventing and controlling infection

- Staff received training on infection control. The registered manager ensured personal protective equipment (PPE), such as disposable aprons and gloves were always available, and used by staff when supporting people with personal care.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. The registered manager reviewed all accident reports to identify any themes, or trends to reduce the risk of repeat accidents.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People's needs assessments considered people's physical and mental well-being, level of independence, their preferences, social circumstances, communication needs and dietary requirements.
- People and their relatives confirmed they were involved in the assessment and care planning process. One person's relative said, "I am very involved in all decisions regarding [Name's] care. The [Registered manager] keeps in regular contact with me."

Staff support: induction, training, skills and experience

- The comments we received from staff were very complimentary of the training and support they received. For example, "The training and support I receive is brilliant, I am all up to date with my training." The training records showed staff received training in key areas during their induction and on an ongoing basis. This included training to achieve the Care Certificate. This is a set of nationally recognised standards which support good practice and values within care and support services.
- Staff were supported through regular supervision meetings, which provided them with an opportunity to discuss their training and development needs. All staff confirmed they met with the registered manager on a regular basis, they also confirmed group meetings and informal coffee mornings took place to meet with the registered manager and other colleagues.

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

- People's dietary needs were assessed and detailed within their care plans. The assessments considered people's dietary needs based on their culture, religion, preferences, any allergies or food intolerances.
- Family members took on the responsibility for ensuring people received enough food and fluids. Only occasionally did staff need to provide help with eating and drinking.

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 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.

- Staff were aware of the principles of the MCA and ensued they sought people's consent before providing their care. People told us the staff respected their choices in making day to day decisions.
- People's capacity to make informed decisions about their care had been undertaken where required. Where people did not have the capacity to make an informed decision, best interest decisions had been made with the involvement of people's representatives.

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

- The care plans provided important information about people's healthcare needs including any allergies. All people using the service received support from close families and staff liaised with healthcare professionals when needed.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The registered manager and staff had built positive relationships with people and their families and treated people with kindness and compassion. Records showed the service had received several written compliments from the relatives of people using the service. For example, 'I feel like the carers are part of my family. They care about my husband and we care about them.' 'I like the kind interested people that visit me every day.' 'The care staff are kind and very good at their jobs.'
- People received support from a regular team of staff. This ensured consistent care was provided to people. One person had sent a thank you card to the registered manager which read, 'I like getting care from regular carers who are known to me and aware of my needs.' A member of staff said, "Because it is a small service the care we provide is very personalised."

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

- The registered manager involved people and their relatives in all decisions about their care and support.
- People's privacy and dignity was fully respected and maintained. The comments from relatives were all positive for example, "The staff are kind and helpful people in the true sense of the word." "The staff speak to {Name} with respect, they always give [Name] time to communicate with them, they are very patient."
- All people received support from their close families and did not require any independent advocacy services. (Independent advocates speak on behalf of people who are unable to do so for themselves).
- Staff were aware of the importance of maintaining confidentiality. People's care records were securely stored away within the agency office. People and relatives had signed to give consent to information being shared with regulators and health care professionals involved in their care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 received care that was personalised to their needs. Relatives said the staff knew their family members very well, and fully understood their needs, and were flexible in their approach to supporting them.
- Records showed people's care plans were regularly reviewed and updated with the person and their relatives. This ensured people's needs were being continually met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and the care they received was in keeping with their communication needs. For example, people chose to speak in their first language, and the staff allocated to provide their care also spoke in the same language.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place.
- The registered manager was proactive in responding to people's changing needs and no complaints had been received at the service. Relatives commented they had not had any reason to raise any concerns or complaints. One relative said, "If I wasn't happy I would speak with [Name of registered manager], I know she would take any concerns seriously." Another said, "The manager goes out of her way to make sure things are done right, I have no complaints at all."

End of life care and support

- At the time of the inspection the service was not supporting people at the end of their life. The registered manager and staff had explored people's preferences and choices in relation to end of life care, because a sudden death may occur.
- Staff had received death and bereavement training and advanced care planning documents were available in the event of end of life care needing to be provided.
- Records included people's preferences relating to protected characteristics, culture and spiritual needs. This meant, the registered manager and staff were aware of what was required to support people who may need to receive 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Feedback received from people and their relatives confirmed they were very happy with the service they received. We received consistent feedback from relatives that the service was providing personalised care to people. They said they had confidence in the registered manager to provide high quality care and support to their family members.
- All the staff we spoke with provided positive feedback about their experience of working at the service and the support they received from the registered manager. One staff member said, "[Registered manager] is extremely caring and very dedicated to her work, it comes from the heart, and this really shines through." Another said, "I love working for this company, [Name of registered manager] is brilliant, she looks after the clients and the staff perfectly."

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 registered manager was fully aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. They kept in close contact with people using the service and their relatives and was proactive in meeting people's changing needs.
- Records showed the registered manager informed the Care Quality Commission (CQC) and other agencies of incidents they are legally required to notify.
- Staff received safeguarding training (that included the whistleblowing procedures). This meant they knew how to recognise abuse and how to raise any safeguarding concerns with the local authority and the Care Quality Commission (CQC).

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

- The registered manager carried out regular audits on all aspects of the service and took appropriate action in response to any areas requiring further improvement.
- The rating from the previous CQC inspection was displayed within the service and on the provider website, as legally required.

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

- Annual surveys were sent to people and their relatives. The results showed the responses were positive.
- Regular spot checks were carried out, during which people were asked to provide feedback on the care they received.
- Staff meetings were held to engage with staff about current issues and update them about people's care. Staff told us they felt able to contribute to the development of the service.
- The registered manager regularly checked areas within the service for quality and were focussed on continuous improvement.

Working in partnership with others

- The registered manager and staff worked closely with healthcare professionals to ensure people's health needs were continually met. The registered manager has set up partnerships with the mental health team at the local hospital to look at carrying out joint assessments and care packages.