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St Margarets Homecare
Harrogate

Inspection report

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19 January 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

This inspection took place between 11 and 19 January 2018. We gave 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that they would be in.

St Margarets Homecare Harrogate is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults.

Not everyone using St Margarets Homecare Harrogate 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 our visit there were 99 people using the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service continued to provide safe care to people. Recruitment checks were completed on all new staff prior to their employment to make sure they were suitable. Appropriate systems were in place to assess and manage potential risks to people including the risk of abuse. Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in people's care plan. Systems were in place to ensure people received their medication safely.

Staff received on-going training and supervision to enable them to fulfil their roles effectively. Staff were clear about their roles and responsibilities and they told us that senior managers were supportive. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff liaised with healthcare professionals to support people's health and wellbeing. Staff continued to work collaboratively with the local hospice team in relation to people's complex care needs and end of life care.

People spoke positively about the staff and they said staff were kind and respectful. People were involved in their care and were supported to remain independent.

Staff were knowledgeable about people's lifestyle choices and their individual needs and preferences. Care plans were person centred. People told us staff were flexible and accommodated any changes to their requirements wherever possible.

People's care plans were reviewed to meet their changing needs and staff told us they felt well informed about people's wellbeing and how to meet their care needs effectively. People told us they had not needed to make a complaint, but they knew who to speak with if they had any concerns. .

The service provider was a partnership. Both partners maintained an active daily presence in the service and

one of the partners was also the registered manager. The registered manager, together with senior care staff carried out a range of monitoring checks to drive quality development and make improvements where needed.

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.

St Margarets Homecare Harrogate

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.

We gave 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that they would be in. Inspection site visit activity started on 11 January 2018 and ended on 19 January 2018. The inspection was carried out by one 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 this type of care service.

The inspector visited the office location on 11 January 2018 to see the registered manager and office staff; and to review care records and policies and procedures. Following our visit the expert by experience telephoned and spoke with four people using the service and three relatives to gain their views.

We used information the provider sent us in the Provider Information Return (PIR). This 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. Before the inspection we contacted the local authority commissioning team and Healthwatch, the local consumer champion for health and social care services. We used this information to plan the inspection.

We spoke with the registered manager, two office staff who also delivered care to people and two care workers. We checked care records and associated medicine records for three people who used the service and records relating to the management of the building including a sample of policies and procedures, staff recruitment and training, meeting minutes, surveys, and the staff handbook.

Is the service safe?

Our findings

People told us they received consistent, safe care. Their comments included, "I am certainly safe with my care workers," and, "I certainly do feel safe. They [Staff] always make sure I feel comfortable." One relative told us, "[Name] feels absolutely safe and comfortable with the care workers." Another said, "My relative is extremely safe. They [Staff] are great."

Safeguarding and whistleblowing policies were in place. Information regarding safeguarding was included in the staff handbook. Staff confirmed they had received the staff handbook and knew what action to take if they suspected abuse. Safeguarding referrals had been made to the local authority when required and were appropriately recorded.

Risks were assessed before a personal care service was delivered. This included environmental and individual risk assessments. Care files included the control measures in place to reduce risks and these were kept under review to ensure they were relevant and up to date.

Robust recruitment procedures were in place with all relevant checks being completed before staff started work. Robust recruitment processes help deter or identify people who are unsuited to work with people made vulnerable by their circumstances. People using the service told us their staff team were reliable and stayed for the agreed time. Comments included, "They [Staff] are mostly on time, if they are late it is due to an emergency." "The care workers are always on time for me. They do everything I need, never rush." "Yes, the care workers do turn up on time. They complete all the tasks that I require and never rush off." Relatives confirmed this was the case. One relative told us, "The care workers do turn up on time; they certainly do not rush." Another relative said, "We have a window of 15 minutes. The care workers are brilliant and do not rush their work at all."

Appropriate systems were in place for the safe management of medicines. Medicine procedures were in place and staff had training in safe medicines handling. Records showed people's prescribed medicines were clearly documented and medicine administration records (MARs) had been completed. People confirmed their medicines were on time and a relative said, "The care workers give the medication to my relative. At no time is the medication late."

Records showed that staff received training on health and safety including infection control. They confirmed they used personal protective equipment such as gloves and aprons to prevent the risk of cross contamination.

Is the service effective?

Our findings

People told us staff were well trained and had the necessary knowledge and skills to provide effective care and support. Comments we received included, "The care workers know what they are doing and complete all their tasks with care," and, "The care workers are excellent and are most certainly trained." A relative said, "The care workers are trained and experienced; they are absolutely great."

Newly appointed staff completed an induction programme and all staff received on-going training and support. Examples included, safeguarding, medicines, moving and handling. Staff received regular supervisions and spot checks to assess their performance and competence. We identified that prompt action was taken in response to poor staff performance and additional support was put in place to measure staff progress in these cases.

Staff told us that managers were supportive and helped them to take advantage of training opportunities. One staff told us, "I love my job. I have been able to expand my knowledge in dementia care and encouraged to share this with other staff."

People's needs were assessed before they started the service to ensure that staff were equipped to meet people's care requirements. Some people using the service had complex care needs and we saw staff received specialised training in these cases. For example, for one person staff had been trained in the use of percutaneous endoscopy gastronomy (PEG) tube feeding. This made sure that staff worked within their capabilities and the person received safe, effective care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager told us no applications had been made to the Court of Protection to deprive anyone of their liberty.

People using the service confirmed their care requirements was discussed with them before a service was provided.

People received appropriate support from staff with meal preparation where needed and this was recorded in their care records. A person using the service told us, "The care workers prepare me sandwiches which I do like." A relative said, "We provide meals to be heated up but care workers will pop out to the shops if [Name] wants something fresh. They are wonderful."

People continued to access their own GP when needed. Support to health appointments could be provided if this was needed and people we spoke with confirmed this.

Is the service caring?

Our findings

People told us that the care and support they received helped them remain independent and staff were caring and respectful. One person told us, "I am very fortunate. [Staff] are always polite and respectful to me." Other comments from people using the service included, "They [Staff] are truly lovely," and, "Staff are always kind." A relative told us, "They [Staff] are brilliant, caring and always polite and respectful." Another relative said, "[Name] loves them [Staff] to bits; they have a great relationship."

When staff spoke with us there was a lot of warmth and affection in the way they spoke about the people they cared for and one staff member told us, "I care from my heart. I wouldn't have it any other way." Another staff member said, "It is a good, caring company. I wouldn't want to work anywhere else."

People who used the service told us that staff were familiar with their likes and dislikes and involved in the development of their care plans. They were kept under review and people told us they discussed changes to their care requirements with their care staff or senior managers. People told us they could choose when staff visited and staff told us they tried to meet people's individual preferences whenever possible. For example, when people requested a change in the time of a visit due to personal appointments, we saw this had been accommodated.

Discussion with the registered manager and staff demonstrated that the service respected people's diverse needs. The registered manager told us that equality and fairness informed their recruitment process and was included in training. Staff confirmed they had completed training on equality and diversity and they demonstrated a positive regard for what was important and mattered to people. A staff member said, "We are respectful of people's lifestyle choices and we always treat people as individuals."

Information was available about the use of advocacy services to help people have access to independent sources of advice when required.

Is the service responsive?

Our findings

People told us that the service involved them in decision making about their care and support needs including their social care needs. Initial assessments were completed for people before a package of care was put in place. This meant people could be confident that staff could meet their needs before care was provided. Care plans focused on each person's needs, their likes, dislikes and care preferences. They clearly recorded what support was required from staff. For example, for one person this included photographs to show how they liked their table setting at mealtimes, the amount of water in their kettle and where they liked their mug to be placed.

Staff were knowledgeable about the people they supported and told us they reviewed the care plans regularly. One staff member explained they always checked the care plan and spoke with other staff before they delivered care to someone for the first time. This ensured they had any essential information they needed to meet people's needs effectively.

The service was responsive to people's changing needs. For example, for one person with changing mobility needs staff had carried out a review of the occupational therapy assessment and observed transfers. As a result, a new assessment was put in place to support the person with their mobility needs safely.

People told us that staff listened to them and acted on their views. One person said, "Management are good and we keep in touch by telephone." A relative told us, "We are regularly asked for our opinions."

The provider had a complaints policy in place. This formed part of the information, which was given to people when they joined the service. People confirmed they knew who to contact if they needed to do so. One relative told us, "No complaints at all. I have a number but certainly have never used it." Another relative said, "I do have the complaints procedure, but we have never needed to make a complaint."

Staff worked with local health care professionals to provide care for people with degenerative conditions and end of life care. Records confirmed that staff providing this level of care received appropriate training to care for people with complex care needs and end of life care. We also saw evidence of how the service worked closely with a local hospice to provide compassionate care at this time.

Is the service well-led?

Our findings

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. In this case the registered provider was a partnership of two people, one of whom was also the registered manager. Both partners maintained an active role in the management of the service.

People were positive about the management of the service and the staff. One person told us "We are extremely happy with the service. It is well led, they do listen to us." Other comments included, "They [The registered manager] provide a great service through the care workers," and, "The [Service] appears very well run. They [The providers] are very nice people and are also very supportive of their own carers."

Without exception, staff told us that communication was good and they said the registered manager was supportive. Staff were paid a 'retainer' to cover peak times such as weekends and public holidays. This meant that staff were available at short notice to be able to cover any unforeseen staff absence or sickness. One staff member told us, "I feel St Margarets Homecare is among the best, if not the best, in the area. They [The providers] are great to work for and the team are excellent. It is not just about the people we look after it is about caring for staff as well."

The registered manager and staff we spoke with told us there was a culture of learning from incidents, complaints and mistakes and using that learning to improve the service. The registered manager monitored the quality of the service provided and, together with senior staff they completed a range of audits on care plans, risk assessments and medicines. The registered manager also monitored accidents and incidents and analysed information to look for any emerging trends. Findings from audits were analysed and actions were taken to drive improvement through individual supervision and staff meetings.

The registered manager reviewed policies and procedures on a regular basis taking into account relevant best practice guidance available at the time. The registered manager was aware of their responsibility to report appropriately to CQC about reportable events.