

New Forest Homecare Limited

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## Inspection report

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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 on 4 and 5 April 2016 and was announced.

New Forest Homecare Limited is a domiciliary care service providing a range of services including personal care for people in their own homes. There were 52 people using the service at the time of the inspection. The service provided support to older people some of who were living with dementia. They also supported people with physical and learning disabilities.

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.

People told us they felt safe and were confident in the staff that supported them. People were safe because staff understood their role and responsibilities to keep them safe from harm.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs and to keep them safe from harm.

People were supported by staff who received regular training and support to help them provide effective care.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

People told us the service was well-led and managed by an effective and organised management team. People had confidence in the provider and staff were clear about their roles and responsibilities.

Staff were supported, felt valued and were listened to by the management team.

Staff were confident to raise any concerns they had and bring forward ideas that could make improvements to the service.

Systems were in place to monitor and improve the quality of the service provided.

## 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. People were protected from avoidable harm or abuse by staff who knew and understood the principles of safeguarding and how to report abuse.

Risks to people had been assessed to ensure people's individual needs were being met safely.

People received the appropriate support with their medicines as required.

### Is the service effective?

Good ●

The service was effective. Staff had received training to deliver care safely and to an appropriate standard.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

People were supported with their dietary needs by staff and given choices regarding what they wanted to eat.

### Is the service caring?

Good ●

People received care and support from staff who were friendly, helpful and respectful.

Staff promoted people's independence and understood the importance of developing a good relationship with the people they supported.

People were treated with dignity and respect.

### Is the service responsive?

Good ●

People and their relatives were asked for their views about the service.

Care plans were in place to ensure people received care which was personalised and met their needs.

## Is the service well-led?

Good 

The service was well led. People had confidence in the provider and staff were clear about their roles and responsibilities.

The culture in the service was open, inclusive and transparent. Staff were supported, felt valued and were listened to by the management team.

There were systems in place to respond to complaints and people knew who to speak with if they had a concern.

There were effective systems in place to monitor and improve the quality of the service provided.

# New Forest Homecare Ltd

## 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 checked 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 inspection took place on 4 and 5 April 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

The inspection team consisted of one inspector.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. Providers are required to inform the CQC of important events which happen within the service. We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. 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 used a variety of methods to inspect the service. We looked at records in relation to eight people's care. We telephoned and spoke with four people using the service and four relatives. We also visited and spoke with four people in their own homes to obtain feedback on the delivery of their care and to view care records held at people's homes. We spoke with the provider, registered manager, and five members of care staff.

We last inspected this service in August 2014 where no concerns were identified.

# Is the service safe?

## Our findings

People and relatives were positive about the care and support people received. One person said, "All the girls are lovely. They look after me very well and I have no worries about any safety issues". Another person told us, "All the staff are lovely and I am very safe in their hands". One relative told us, "It's reassuring to know that mum is well cared for by a very good team".

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. One member of staff told us, "If I thought someone was being abused I would report it. It's my responsibility to ensure people are protected". Another member of staff said, "I am more than confident that any type of abuse or concern that I flag up to the manager would be thoroughly investigated".

People and relatives all told us there were sufficient numbers of staff deployed to support them. They told us that staff arrived at their homes on time. They also said if staff were going to be late they were always contacted and advised accordingly. Staff told us they knew the people they supported and were allocated to work with them on a regular basis so that they were able to provide a consistent service. This was confirmed by the people we spoke with. One person said "I get the same carer most of the time which is good. We both know each other well and have a laugh and a joke". All of the people we spoke to were satisfied with this aspect of the service. One person told us, "Staff are usually on time but if they are going to be a little late they do let me know. Sometimes they get stuck in traffic and are a few minutes late but I know they will always turn up".

Risk assessments in relation to people's personal safety and home environment had been carried out before the service commenced and were reviewed regularly. One person told us, "They [care staff] always make sure when I walk to the bathroom that there are no obstacles that could trip me up". Another person said, "They always make sure my windows are closed when they leave in the evening. When I hear them lock the door at night I know I'm as safe as can be".

The provider had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment. Documentation included previous employment references and pre-employment checks. Staff also had to complete health questionnaires so that the provider could assess their fitness to work. Records also showed staff were required to undergo a Disclosure and Barring Service

(DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

There were systems in place to ensure that medicines were managed safely. The provider was aware of the different levels of support people required and their medicine support plans correctly reflected this. Staff were trained in safe handling of medicines. Records were kept as part of the care plan documentation showing if the staff had 'prompted' people to take their medicines or had actually administered them. One person said, "They are very good with my pills. They always ask me if I want them which is silly because I need them, but I suppose they have to check".

All staff providing personal care had access to aprons and gloves to prevent the spread of cross infection.

# Is the service effective?

## Our findings

People told us that staff always sought their consent before they carried out any care or support. One person told us, "They [care workers] never come in and assume or take over. They always ask me before they do anything. I never say no to any help and always say yes when they ask me if I want a cup of tea". A relative told us, I've been here many times when the carers visit. They always ask permission before they do or start anything. It's also a good way to start a conversation".

Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) and understood how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. The registered manager told us she would work with family members and other healthcare professionals if they had any concerns about a person's ability to make a decision to ensure that care and support was provided in their best interest.

The provider's induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All new staff employed by the agency had undergone an induction which included the standards set out in the Care Certificate. Training included for example, moving and handling, infection control, food hygiene, safeguarding, medicines management and dementia awareness.

Staff had completed training in moving and handling, safe handling of medicines, emergency planning, health and safety, safeguarding of vulnerable adults and basic awareness of the Mental Capacity Act 2005 (MCA 2005). The registered manager had recently arranged for all staff to complete Basic Life Support refresher training with an external provider to ensure staff were able to provide care in an emergency situation.

Staff told us the training was of a good quality, appropriate and prepared them for their roles and responsibilities. One member of staff told us "I think our training is really good. We recently went to a local hospital and had training in moving and handling. It was good to do and update our skills". Another member of staff said, "Training is always available if we need to remind ourselves of anything. We have lots of training we can look at on DVD. It's good that we can refer to it when we need to".

Staff supported some people with specialist dietary needs to maintain their health. For example, they offered support to people with diabetes. Staff told us, "Diabetics have to be careful of what they eat and how much sugar they have, and we have had training about it." None of the people we spoke to had any complaints about how staff supported them with food and drink and felt supported to have enough to eat and drink.

Health care needs were met through the person's own doctor or the district nursing service if necessary. Staff told us that if they had any concerns about people's health they contacted the office for advice or in an emergency they would contact the GP or the paramedics. After they had done this they would then contact their line manager to report what action they had taken and why.

People were involved in planning and agreeing to the care they received. Everyone we spoke to said that the care staff asked what support they wanted and respected the decisions they made about their care. People told us that they could refuse any part of their planned care if wished and told us the care staff always respected their right to make their own choices.

There was a consistent approach to supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Supervision in most cases followed a spot check or an observation of working practice by a senior care worker. Supervision gave opportunities for feedback from both parties involved and were used to reflect on both good practice and areas that needed to improve. One member of staff said, "I like the supervision meetings. It's a chance to be told how I'm working but I also get an opportunity to air any concerns or issues I may have".

Regular monthly staff meetings took place. We viewed the minutes from the staff meeting held in March 2016. One of the topics discussed was the prevention of pressure areas. Staff re-visited the signs, symptoms, management and prevention and what actions they needed to take if such an incident occurred. Staff told us this was a valuable exercise and they felt competent in the safe and effective management of people who were at risk of pressure areas.

## Is the service caring?

### Our findings

People we spoke with were complimentary about the care provided. One person said, "The staff that come into our home are wonderful. It was a little difficult at first but now I find their help tremendous". Another person told us, "My carers give excellent service and care. I can't fault them. They treat me with respect and try to keep me as independent as possible" One relative said, "The staff are wonderful. They have helped my [relative] gain a lot of confidence and he is getting better step by step".

Staff were proud of the service provided. They all told us that they would be happy for their family member to be cared for by the service. People told us staff treated them with dignity and respect. One person told us, "The care I get is good and I cannot fault it. The girls always treat me with respect, which is so nice to see these days". Another person said, "The care we get is lovely, nothing is too much trouble for them. They are polite and respectful to me and my [relative] and she really likes them".

There were policies, procedures and training in place to give staff guidance about treating people with privacy and dignity. People told us that they were always given choices and that they were treated with dignity and respect. A person told us, "They are very respectful, they know how to help me". Staff explained to us how they made sure people received support with their personal care in a way which promoted their dignity and privacy by closing doors and covering people whilst providing personal care.

Staff spoke about the importance of developing a good relationship with the people they supported. They spoke about people respectfully and described the importance of valuing people, respecting their rights to make decisions about the care they received and respecting people's diverse needs. One member of staff told us, "I treat everyone as a family member. I mean you wouldn't want anything but the best for your own mum or dad would you". Another member of staff said, "We have to remember we are guests in people's home and need to understand and respect that".

People's independence was promoted. They told us that staff encouraged them to do things for themselves. They had been involved in developing their care plans and identified what support they required from the service and how this was to be carried out. Care plans we looked at showed that people had been involved in planning their own care. Care plans were updated when people's needs changed. One person told us, "The care they give me is excellent. They are polite and courteous and totally respectful and always make sure that I do as much as possible myself".

Staff had received guidance about how to correctly manage confidential information. They understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need to know basis.

People and relatives we spoke to all confirmed that the staff listened to them and included them in decisions about their care and lives. The registered manager was very knowledgeable about the individuals and their families the agency supported and about what was important to them in the delivery of their care.

## Is the service responsive?

### Our findings

People spoke positively about the manner in which staff developed an understanding of their personal likes and dislikes and responded to them. Each person's 'care package' was person centred around their specific needs. We received the following comments, "My current carer knows exactly what I like and dislike." "They always make sure I have taken my tablets. It's all recorded in the book." "They always check each morning if my [relative] has started to develop any pressure sore and treat it if they see any signs".

Relatives told us the agency responded to the needs of their family members very well. One relative said, "The agency staff respond well to whatever I ask". Another relative said, "They have been wonderful with my [relative] and I only have to mention something and they respond immediately. They are able to do so much more now".

Care plans were kept in people's own homes and information included the initial needs assessment, a daily log, risk assessments, personal history and what they required assistance with. Some people required full assistance with personal care such as bathing and dressing, some required prompting and support with taking medicines or preparing and eating meals so staff were clear about people's individual needs and the level of support they needed. People's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence.

Staff we spoke with told us how they ensured that the care they provided was centred on the individual person. One member of staff said, "The support we provide is very much for the individual. We know what we have to do to make sure the support we give is right so that the end result is that people are able to remain at home and look after themselves".

People told us they knew what to do if they were unhappy with the service they received. They told us they had been provided with information on how to raise any concerns they had when they started using the service. One person said, "I'm very happy with the service. I have no complaints at all". The service had not received any complaints since our last inspection however the registered manager was able to demonstrate to us how complaints would be received, investigated, and an outcome relayed back to anyone who lodged a complaint with the service.

## Is the service well-led?

### Our findings

The service had a registered manager who was readily available to people, their relatives and staff. One member of staff said, "The manager does have an open office door and is always available to staff and clients". A relative told us, "I can speak to the manager at any time. I find her approachable and always ready to listen. In all my dealings with her I have found her to be open and honest". Another relative told us, "She [registered manager] is very open with us about [my relatives] care. She also keeps in contact and keeps us very well informed which is reassuring". The registered manager was aware of the legal responsibilities of being a registered person and had notified the Care Quality Commission of all significant events in line with their legal duties.

There was a clear management and staffing structure at the service. The staff group were divided into small teams each led by a team leader and senior care worker. This meant there were clear lines of responsibility and everyone had access to senior staff to share concerns and seek advice.

Team leaders and senior care staff monitored the quality of service through 'on the job supervision' which also gave them the opportunity to speak to people being supported to check that they had no complaints or concerns. These checks formed part of the supervision process and were recorded in the personnel files.

The provider monitored the quality of the service by the use of regular checks and internal quality audits. The audits covered areas such as training, complaints, staffing and care records and highlighted areas needed for improvement were reviewed and findings were sent to the manager and directors and ways to drive improvement were discussed.

There was an open culture in which people, their relatives and staff were able to express their views and these were listened to. People were supported to have their say about the care they received and relatives were encouraged to contribute their views. People said they were happy with the frequency with which the agency contacted them to seek their views. People were asked whether their care workers arrived on time, stayed for the correct length of time and whether the visit length was sufficient for staff to provide all the care and support they needed.

Staff were fully aware of their role and the purpose of the service they delivered. They told us that people who used the service were always their priority and they treated them with dignity and respect. They were positive about the support and advice they received from the management team.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person and provided information about the care they received and the medicines they were given. Care records were checked and monitored by the registered manager, team leader or senior care staff to ensure that the quality of recording was appropriate.

The registered manager held monthly meetings with the staff to deal with any problems or issues that may arise. Staff meetings were held with minutes made available for staff who were unable to attend. Minutes

were also made available to us during our inspection. These meetings gave staff the opportunity to discuss any issues that may have arisen as well as updating staff on the general performance of New Forest Homecare.

People told us they were asked for their views and felt involved. Annual surveys were used to formally gather the views of people and this was last completed in February 2016. Fifty questionnaires were sent out and the agency received 31 responses. We looked at a selection of the surveys that included comments such as, "Staff are very caring", "Having home care means I can stay independent and live at home. If it wasn't for these people I wouldn't be able to" and "Everyone of your carers are excellent. They are committed, dedicated and I love seeing them".

Staff were enthusiastic and positive about their work. They described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties. They said they had been provided with contracts of employment and job descriptions, which outlined their roles, responsibilities and duty of care.