

NDH Care Ltd

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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

About the service:

NDH Care Ltd is a domiciliary care agency registered to provide personal care to people living in their own homes. The service was providing personal to 190 people at the time of the inspection.

People's experience of using this service:

- Staff understood how to protect people from the risk of harm or abuse. People were supported in a way that reduced risks to their safety.
- People had not experienced missed calls and the majority of people had their care calls at the preferred times. People were very complimentary about the staff who supported them on a regular basis. Some people had experienced shorter call times and a number of different staff which made it difficult for them to form relationships. The provider was reviewing call duration and trying to establish consistency of staff teams to improve people's experiences. People had effective support with their medicines and were happy with staff practice in relation to infection control.
- People were supported by staff who understood their needs and had support and training to meet their needs effectively. People's consent to care was sought and they were supported to access healthcare professionals when needed. People were happy with the support they had with their meals and risks related to people's dietary needs were known.
- People described staff as kind, patient and caring and felt staff protected their dignity and independence.
- People had been actively involved in deciding their care and personal routines. Care plans were personal to the individual and included people's preferences, goals and care needs. There was a system to manage complaints and people were confident of a response. People's end of life needs had been considered and planned for.
- People, staff and relatives were positive about the service, their views were sought and reflected positive experiences. The provider carried out regular audits and checks on the service and on the competency of staff to ensure people received a quality service.

Rating at last inspection: Good. Published 09December 2016.

Why we inspected: CQC had been advised of two incidents of alleged theft from people's homes and a concern related to staff recruitment. This inspection was brought forward to enable us to look at how these were being managed by the provider. The incidents of theft had been investigated and not substantiated and the provider had taken appropriate action. The provider had followed safe recruitment procedures although in one instance references were not followed up. The provider told us they would improve their audits to ensure this did not happen again.

Follow up: We will continue to monitor the service through intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

NDH 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. 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:

One inspector, an assistant inspector and two experts by experience completed this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the expert had experience of supporting older people.

Service and service type:

The Care Company is a domiciliary care service providing support and personal care to people in their own homes. 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 site visit because it is a large service and we needed to arrange consent from people who use the service to speak with them. We also needed to arrange staff interviews to be held at the office location. The inspection activity started on 16 April 2019 and ended 18 April 2019. We visited the office location on 16 & 17 April 2019 to see the manager and staff; and to review care records and policies and procedures. Our experts by experience conducted calls to people on 16, 17 and 18 April 2019.

What we did:

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the information within the Provider Information Return (PIR) which 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. We used all this information to plan our inspection.

During the inspection, we spoke with 25 people and their relatives over the phone. We also spoke with the company director, two care supervisors, a care coordinator and 30 care staff. We looked at six people's care records, three staff recruitment files, training records, accidents, incidents, safeguarding and disciplinary records, complaints and medicine records, staff scheduling and the provider's audits and checks on the service to include people's feedback.

Is the service safe?

Our findings

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

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- People told us that they felt safe with staff. One person said, "Oh yes very safe; they [staff] are careful moving me, and make sure I have my alarm, phone and food and drinks near me, they are very good". Relatives told us they had no concerns about the safety of their family member. One relative said, "Yes because they take care of him and let us know if there is anything on his body they tell us straight away".
- Staff confirmed they had completed training in safeguarding and knew how to escalate any suspected abuse to management.
- The registered manager understood how to report any concerns they may have to relevant professionals and had worked in line with the local authority safeguarding policy and procedures.
- Lessons had been learned as a result of safeguarding investigations. For example, systems had been improved to ensure staff reported to other agencies, when they could not access a person's property to provide care. This was to ensure people were not left at risk in their own home.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed. Plans provided information as to the support people needed to keep them safe. For example, where people were at risk of choking, falling or developing pressure sores. One person told us, "They make sure the walking frame is near person before they go and supervise her using it to ensure she is safe". Staff told us they were informed about risks and knew how to manage these.
- Staff acted promptly to support people with their safety and well-being. For example, ensuring people had access to the right equipment. We also heard from staff how they had identified potential risks in people's homes, such as using the cooker or microwave and steps taken to mitigate these risks.

Staffing and recruitment

- The majority of people told us they received the care they wanted at the time they preferred. One person said, "I have had no late or missed visits. Very pleased with the support I receive". A relative said, "The family is very pleased with the support our father receives". No one had experienced missed visits.
- Staffing levels were based on the needs of people and reviewed when people's needs changed.
- Staff confirmed they had travel time included and calls were near which enabled them to arrive on time.
- We reviewed five staff call schedules and found some variations in times and duration of visits. This was also confirmed by some people who told us their calls were not always on time, or sometimes shorter. People said this impacted on their daily routines. We discussed this with the provider who told us they monitored calls electronically and we saw evidence of telephone monitoring and checks on staff performance to try and ensure consistency for people.
- Recruitment systems were in place and included obtaining references and Disclosure and Barring Service (DBS) checks to ensure only suitable people were employed to support people. In one of the three files we saw, a reference from a previous employer had not been obtained. Although there was a record of an attempt to contact them the provider should ensure they demonstrate how safety is promoted in

recruitment practices, such as ongoing checks. The provider told us they would ensure references from previous employers were followed up to prevent this happening in the future.

Using medicines safely

- People were happy with the support they had with their medicines. One person said, "The carers give it to me three times per day, no problems". Another person stated, "The carers give it to me in my hand or take it out of the packet for me, I do get my medication on time".
- Staff confirmed they had training in the safe administration of medicines. Competency checks were in place to ensure medicines were given as prescribed.
- Systems were in place to ensure people had 'time critical' medicines to support their medical conditions.
- Audits showed that Medicine Administration Records (MAR) were checked regularly to identify safe staff practice and any errors, which were followed up.

Preventing and controlling infection

- People confirmed that staff used protective equipment such as gloves and aprons to reduce the risk of infection when working in their homes. One person said, "The carers are all very clean and tidy in how they look and how they go about their tasks. I think they have been properly trained to do this. They always wear gloves and aprons".

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 had been assessed and the views of people and other health and social care professionals were considered before a care plan was developed.
- People were complimentary about the way their needs had been catered for and said they were supported by staff who understood how they liked their care to be provided. People said, "Yes, because I have had one carer for the last four years who is marvellous", and, "The carer I have in the morning is totally aware of my needs".
- As part of the assessment process additional support had been sourced from other agencies to obtain mobility aids or equipment to manage people's care needs effectively.
- There was detailed information in people's support plans about how staff should provide people's care.

Staff support: induction, training, skills and experience

- People told us staff had the skills to meet their needs. One person said, "When they get new workers they train them up with [person] and show them how to support them". Another person said, "Yes, definitely because they know what they have to do, I don't have to repeat myself".
- Staff had an induction which included training and shadowing experienced members of staff. They felt supported and prepared and had regular platforms to discuss their performance.
- Staff gave examples of how their training supported better outcomes for people. One staff member said, "[Person] lives alone, she waits for the carer, we have to give her a wash and breakfast, if we don't go she can't get out of bed". Another staff member said, "There are two more carers who go if I can't go. They train four or five people to one house, so we can cover each other".
- Competency and spot checks were completed to ensure staff applied their training and had the necessary skills to undertake their role. We identified more written detail in competency checks was needed and the supervisor told us this would be addressed.

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

- People were happy with the support they had with their meals and accessing drinks. One person told us, "They [staff] do my breakfast, lunch and evening meal, they always ask me what I want".
- Staff understood people's dietary needs and associated risks were planned for. For example, the risk of choking, dehydration or managing specific diets such as diabetes. One person told us, "I am diabetic, and all of the meals are for diabetics". Another person said, "They [staff] always make sure I have a drink in reach before they go".

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

- Staff sought professional advice from other agencies to provide effective care where they had identified people`s needs had changed.
- There were examples of partnership working with health and social care organisations to share information about people to help ensure that the care and support provided was effective. For example, the provider had been working alongside the social workers with an action plan about how a person at risk should be supported.

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

- People told us staff would call a doctor or other services if they needed this.
- Staff had good knowledge of people's health needs and provided examples of advice they had followed from health professionals. For example, advice from district nurses so people would enjoy the best health outcomes possible.
- Staff told us they were confident that changes to people's health and well-being were communicated effectively.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff understood and had been trained in the principles of the MCA.
- People were supported to make decisions for themselves and told us staff respected these. For example, following their preferred routines, choices of food, clothing and how personal care was provided.
- People told us they were always asked for their consent before care was provided.

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.

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

- People consistently said they liked and trusted the staff who they described as caring, patient and kind. Comments included: "Oh yes, definitely they are wonderful". "They are really patient". "They are always happy and smiling they don't bring their problems with them". "They are caring, they care very much".
- Staff had good knowledge about people's needs and what was important to them. For example, taking account of people's diversity by taking time to explain or communicate with people in a way they could understand. A relative said, "They are in-tune with her cultural needs, we only have female carers because of religious purposes, since the dementia she has reverted back to her mother-tongue of Urdu and they are able to send carers who speak the language". We also heard from staff that religious routines related to personal care were known and followed.
- People's religious practices were supported. For example, a person said, "Every Sunday a carer will come in the taxi with me to church and hand me over and then come back for me".
- People described acts of kindness such as staff waiting with a person for several hours who was stuck in a chair lift. They ensured the person had food and drinks and reassurance. We also heard where staff had supported people by cleaning their house or providing food supplies where their quality of life had deteriorated.

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

- People were involved in planning and deciding their care routines. One person told us, "They treat me as a human being and do whatever I ask".
- People confirmed they were involved in their care plan and review, and that staff would support them to express their preferences. For example, one person said, "They always listen to me and find out what I want each day".

Respecting and promoting people's privacy, dignity and independence

- People provided many examples of staff treating them with respect and protecting their dignity. One person said, "We have found the carers to be very punctual, pleasant and polite, they are so patient and gentle". Another person said, "There is no embarrassment with the way the carers support him. They have established a great working relationship with him in a very short time".
- People confirmed that their independence was respected. One person said, "They encourage him to put his arm in the shirt; a small thing but important to him". Another person said, "They allow me to attempt to cook something and step in if I need help".

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

- People were involved in decisions about how they wanted to receive their care. A person said, "I decided what I needed, and they follow the care plan, but if I want to change something they will do it".
- People's care plans were personal to them and included people's preferences. For example, a person had been supported to improve their mobility due to staff building the person's confidence. This had led to positive impacts for the person such as reduced care calls.
- People said they had chosen the times of their care calls and that these were flexible to their needs if they had other commitments.
- We saw the service responded to people's needs by visiting between call times if they were concerned about people's well-being.
- Some people described the service as responsive in terms of supported them to undertake activities of their choosing such as shopping or visiting places of worship.
- We saw information, such as care plans, was provided in suitable formats such as clear large print and pictorial to ensure it complied with the Accessible Information Standard (AIS). This helped to ensure people with a disability or sensory loss can understand information they are given. People we spoke with told us they had copies of their care records in their homes.
- Care had been taken to ensure people's care plans reflected their more personal needs. For example, an extract from a care plan for a person whose speech was affected by a stroke, read, "I have had a stroke. I dribble and speak very quickly-please don't think I am confused-speak to me in a polite manner".

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any concerns and told us these were resolved. One person said, "The only time I have complained is if they have been particularly late". Another person said, "I have complained about them not coming on time, not staying for the time they are supposed to. I get a good response, they listen to me".
- There was a system in place to manage complaints. Records reflected complaints about call duration and staff performance. We saw each complaint was investigated and responded to.
- The provider told us they used complaints to improve their service. For example, we saw staff performance about call times and length were addressed via increased spot checks, competency checks, and staff meetings and memos to re-enforce expected standards.

End of Life care and support

- We found people were supported at the end of their life and plans in place were detailed to include all the information needed to ensure people's needs and wishes were met. For example, we saw a person's wish was clearly identified as, 'To remain with my family', and 'If I need anticipatory medicines then care staff must liaise with my GP, district nurse, myself and my family'. This approach helped to ensure people's

comfort and pain management was considered at the end of their life.

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.

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

- Governance and quality assurance systems were in place to monitor the quality of the service. Records showed regular checks were carried out on care records, medicine records, call scheduling to ensure these were up to date and reflected people's needs.
- Systems were in place to review accidents, incidents and safeguarding concerns to identify and act on any risks. Information was shared with people and an apology when things went wrong.
- Staff meetings were held to discuss and reflect on practice and drive improvements.

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

- The lines of accountability were clear, with a full management team in place and roles clearly allocated.
- Staff were complimentary of the management team and confident of raising any concerns with them. Staff had been informed about whistle blowing procedures and felt confident to use these if they were concerned about a colleague's practice.
- There were systems in place to drive improvement by monitoring and assessing the quality of the service. Improvements needed were in relation to record keeping. For example, the audit of daily record books did not identify that call times were at times short. Although an electronic system was in place to monitor calls there was no overarching system to look at patterns or trends or the frequency of short call times. Similarly, although audits on daily notes were evident, they were not all signed or dated. The provider told us they would improve their system for monitoring these.
- The registered manager was aware of the legal responsibility to notify us of incidents that occurred at the service and had done so.
- The provider had submitted a Provider Information Return (PIR) to us within the timescale we gave, and our findings reflected the information given to us as part of the PIR.
- The provider had displayed their previous inspection rating at the office where people could access this easily.

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

- People's feedback was sought via regular surveys and courtesy phone calls to obtain their experiences of the service. Records showed people were satisfied with the service. An overall summary of the results of surveys would enable the provider to identify good practice and areas for improvement as well as sharing results with people who use the service.

- Staff provided examples of where the provider had supported their needs such as being flexible with schedules to take account of family commitments. One staff member commented "I love working for this company, they are supportive of family commitments".
- We saw staff received thanks and recognition from the provider for their achievements and going the extra mile. For example, extracts from records read; 'You have done an excellent job to look after citizen'. A second example thanked staff for supporting a person over and above the allocated hours without this being part of the person's care package. This read; 'Thank you for supporting this citizen and other service users.

Continuous learning and improving care

- The provider reviewed incidents, safeguarding's and complaints to try and learn from these. For example, because of a safeguarding they had put in place a system to enable them to identify concerns about a person's safety and to escalate this to external services. This would enable them to quickly act on increased risk.

Working in partnership with others

- The management team and staff worked with other professionals involved in people's care. This included social and health professionals so that people had positive outcomes. For example, so that people had access to equipment and nursing support to maintain their well-being.