

North Home Care Ltd

North Home Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: North Home Care provides personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:

People told us they felt safe when staff from North Home Care visited them at home. One person told us, "The staff use the key safe and always lock back up when they go". A person's love one told us if they were not home staff used the key safe and they trusted staff with the code.

Assessments of people's needs and any risks had been completed. However, risks had not always been assessed using recognised assessment tools. People had planned their support with staff. Detailed guidance about how to provide people's care was not included in everyone's care plans. This had not impacted on people, who told us staff provided their care in the way they preferred.

The provider and registered manager did not have complete oversight of the service. They checked care delivery but had not completed comprehensive checks on care plans and risks assessments to make sure they contained all the information staff needed to provide consistent care. The provider and registered manager had effective plans in place to continually improve the service.

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager and outside agencies. People were not discriminated against and received care tailored to them. People were encouraged and supported to be as independent as possible. Staff were caring and treated people with dignity and respect.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to remain as healthy as possible. Staff supported them to health care appointments and for check-ups. People's medicines were managed safely. People were supported to plan and prepare balanced meals, of food they liked and met their cultural needs and preferences. Where people required assistance, staff supported them to eat and drink safely.

Staff deployment was planned to ensure people received their care from a small team of staff who knew them well. Staff had the skills they needed to provide safe and effective care and had been recruited safely. Staff were clear about their roles and responsibilities and shared the providers vision for the service.

Staff felt supported by the registered manager and were motivated. The provider and registered manager

were always available to provide the support and guidance staff needed. Records in respect of each person were accurate and held securely. A process was in place to investigate and resolve any complaints or concerns received.

The registered manager knew when they needed to inform CQC of significant events that had happened at the service, so we could check that appropriate action had been taken.

Rating at last inspection: This is the first rating for this service.

Why we inspected: This was a planned inspection based on our policy for inspecting new services.

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.

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

North Home Care

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:

This inspection was completed by one inspector and an expert by experience in the care and support of older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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

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 24 hours' notice of the inspection visit because we needed to be sure that people who wanted to speak to us were available during the inspection.

Inspection site visit activity started on 29 May and ended on 30 May 2019. We visited the office location on 30 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed information we had received about the service since the last inspection, including statutory notifications and complaints.

During the inspection we spoke with 12 people and their loved ones, the registered manager, the provider

and five staff. We looked at care records for three people and medicines records. We looked at recruitment records for two new staff members and reviewed records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this service and this key question was rated Requires Improvement; Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Risks to people had not been assessed consistently and guidance had not been provided to staff about how to mitigate some risks. There was a risk people would not receive consistent care from all staff. People's needs had not been assessed using recognised tools, such as Waterlow to understand their risk of developing pressure ulcers. This is an area for improvement.
- Staff were able to describe in detail how they mitigated risks to people they knew well. For example, staff described how they managed risks relating to one person's continence, but these had not been assessed and guidance had not been given to staff about how to meet the person's needs.
- Guidance about how to move people using a hoist included how to attach the sling safely to the hoist. One person's loved one told us, "Staff have been trained to move my loved one safely".
- People were supported to reduce the risk of them falling, such as encouraging people to use their walking aids correctly. One person's relative told us, and "They encourage my relative to walk with their frame and stand behind them to avoid any risk of falling".
- Staff knew about the risk of people developing pressure ulcers. They supported people to change their position during their visits to reduce the risk of people developing skin damage.
- People were protected from the risk of choking. People's meals and drinks were prepared as their health care professional advised.

Using medicines safely

- People told us staff supported them to take their medicines when they needed help. They told us they were supported to take their medicines at the right time.
- Staff kept detailed and complete records about people's medicines. One person told us, "The staff are very careful with [my medicines records]".
- Staff followed National Institute for Care Excellence guidelines and worked with people, their loved ones and their pharmacist to support people to remain as independent as possible when taking their medicines.
- Staff followed guidance, including body maps, to apply pain relief patches and prescribed creams correctly.
- Staff had completed medicines training and their competence to administer medicines safely had been checked.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving a service from North Home Care. One person commented, "I do feel safe with them".

- Staff knew about different types of abuse and were comfortable to report any concerns to the registered manager and provider.
- Staff had completed safeguarding training and there were policies in place for them to refer to.
- Staff knew how to whistle blow outside of the service if they needed to.

Preventing and controlling infection

- Staff had received training in food hygiene and infection control and used personal protective equipment such as gloves and aprons, when required.

Learning lessons when things go wrong

- The provider and registered manager had a process in place to review all accident and incidents and take action to reduce the risk of them happening again.
- There had been one accidents since the service began. This had been reviewed and the person's care plan had been updated to reduce the risk of it happening again. The accident had not reoccurred.

Staffing and recruitment

- People received their care from a consistent team of staff and they always knew who would be visiting them. The provider planned staff deployment so people received their care from a limited number of staff they knew. One person told us, "We have one main carer, if she is off then they send a replacement and let me know in advance".
- Staff had enough time to support people in the way they preferred. One person told us they were never rushed, "Quite the opposite, they have plenty of time for me and always offer to do more".
- Travel time between each call was planned and people told us staff generally arrived on time, but if staff were running late they were always informed. One person commented, "Occasionally they are a few minutes late, there is always a justifiable reason".
- When people needed extra support staff stayed with the person until they were safe. For example, one person was unwell during our inspection and staff stayed with them until the ambulance arrived.
- Checks on staff's character and previous employment including the reasons for any gaps in employment had been obtained.
- Criminal record checks with the Disclosure and Barring Service (DBS) were completed. When prospective staff had a conviction or a caution these had been discussed and the risks to people had been assessed and mitigated.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

This is the first inspection of this service and this key question was rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager met with people and their loved ones to discuss their needs and wishes before they began to use the service. They used this information to make sure staff had the skills to meet people's needs.
- People's love ones told us the registered manager's assessment were detailed and they felt fully involved. Their comments included, "The assessment was very detailed, the manager went through my loved one's medications, routine and needs", and "Our initial meeting was very detailed, it was a long assessment visit based around my relative's routine, medication and communication difficulties".
- People and their loved ones had been asked to share information about people's lives to help staff get to know people and understand what they liked. This included their family, careers and where they have lived.

Staff support: induction, training, skills and experience

- People told us staff had the skills required to meet their needs. One person told us staff were trained to meet their loved one's complex needs, they said, "They are trained to do everything".
- New staff completed an induction. This included shadowing more experienced staff for as long as it took for them to feel confident in their role and they were assessed as being competent. The induction reflected the Care Certificate, an identified set of standards that staff are expected to adhere to in their daily working life.
- Staff completed training appropriate to people's needs such as supporting people to who used a percutaneous endoscopic gastrostomy (PEG), to help them eat and drink. A PEG allows nutrition, fluids and/or medications to be put directly into the stomach.
- A training plan was in place to continually develop staff and included conditions such as Multiple Sclerosis (MS) and Parkinson's disease.
- Staff met with a supervisor regularly to discuss their practice and development. An annual appraisal process was in place to review staff's achievements and agree development goals.

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

- People told us staff supported and encouraged them to eat and drink enough. Their comments included, "They always check to see that I've been eating" and "They are always sure to leave me with a fresh drink".
- Where staff prepared meals and drinks for people, they were prepared to meet people's needs and preferences. This included soft diets prepared as people's health professionals had recommended.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People told us staff understood their health conditions and supported them to remain comfortable and well. One person told us, "They keep me comfortable and make sure I am not in pain".
- Staff quickly identified changes in people's health and supported them or their relatives to inform their GP. One person told us, "My loved one suffers from a lot with water infections and the staff are always the first to spot signs of an infection and let me know to call the doctor".
- When people requested, staff supported them to attend health care appointments. They supported people to tell their health care professional how they were feeling and to follow their advice when they returned home. One person's loved one had complimented the service saying, ' [Staff made it] a pleasant journey and not scary for my relative'.
- When staff identified changes in people's health they had referred the person to the relevant health care professionals, including speech and language therapists, occupational therapists and dieticians, with people's agreement.
- During our inspection staff worked with the local intermediate care team to make sure a person's needs were met when they returned from hospital.

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. We checked whether the service was working within the principles of the MCA.
- People's capacity to make specific decisions had been assessed. Staff offered people choices in ways they preferred, such as showing them a limited number of items to help people understand the choices being offered.
- The registered manager knew how to make sure decisions were made in people's best interests when they were not able to make decision.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection of this service and this key question was rated Good: 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 and their relatives told us staff were kind and caring. Their comments included, "They are lovely people, nothing is too much trouble", "They are kind and caring and seem to enjoy their job" and "They have my relative's best interests at heart". During our inspection a person passed away. Staff were visibly upset by this and arranged for condolences and a small gift to be sent to their family who they told us, "will be devastated".
- Staff knew people well and spent chatting with them about things they enjoyed, while providing their care and support. Staff described how they laughed and joked with people. One person told us, "They chat away to me and my loved one, it's nice company".
- People had opportunities to tell staff about their lifestyle choices, sexual orientation and gender identity and their choices were respected.
- Staff referred to people by their preferred names and informed the inspector of this, so we could do the same.
- Staff described people in positive and respectful ways, including, "[Person's name] has a great sense of humour".
- There was a mutual respect between people and staff. One person commented, "I am of sound mind so we have a mutual respect for each other, they do not patronise me like I am a needy ill person".

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

- People had been asked if they preferred a male or female carer and their choices were respected where possible. When this was not possible the registered manager explained the reasons to the person and obtained their agreement before arranging their care.
- One person had worked with children in the local area throughout their career and told us they were "terrified" someone they had worked with would provide their care. The registered manager had reassured the person this would never happen and always checked before introducing new staff to support the person.
- Staff knew what may cause people to become anxious and gave them the reassurance they needed. One person told us, "They are all really great, and really empathetic. They've been thoroughly empathetic to my terminal illness".
- Staff supported people to communicate their needs and preferences. One person's relative told us they were pleased staff were able to understand what their loved one was telling them after three weeks of providing a service to them.
- People who needed support to share their views were supported by their friends, families, social workers or paid advocates. The registered manager knew people's advocates and advocacy organisations, and how to contact them when needed.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be as independent as possible. Their comments included, "They always offer to support me with anything, but they know I want to keep my independence so only accept help if I really cannot do something" and "They know I like to do things for myself so they encourage that, but do remind me not to overdo it".
- People had privacy and were treated with dignity. Staff described to us how they ensured people had privacy such as knocking on doors and waiting to be invited in. One person told us, "They respect my loved one's privacy, they are a very private person and staff respect that, they keep them covered up and the doors closed".

Is the service responsive?

Our findings

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

This is the first inspection of this service and this key question was rated Good: This meant 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 and their loved ones had planned their care with staff, including their preferences. One person's loved one told us, "Staff have taken everything on board, everything is set out in their care plan and anything I've shown them since".
- People's care plans contained various amounts of detail about how to provide people's care. Some areas were very detailed, such as how to use a percutaneous endoscopic gastrostomy (PEG). Other areas contained no guidance to staff, for example how to support people to clean their teeth. Staff knew how to provide all the care people needed and the lack of detailed care plans did not impact on people.
- Staff knew about people's equality and diversity characteristics but these had not been consistently included in their care plans so all were aware of them.
- During our inspection the provider and registered manager put a plan in place to make sure everyone's care plan would be updated and contain the required levels of detail.
- People's care was flexible to their changing needs. One person's relative told us they were "very grateful" that the staff were able to deliver their relative's care early on occasions where they needed support with their continence.
- Staff were informed of changes to people's care by electronic care plans they carried with them. They also kept detailed logs in the person's home so people, their loved ones and visiting professionals knew what had happened and about any changes in people's needs.
- The provider and registered manager were not aware of the Accessible Information Standard and information had not been prepared in alternative ways such as large print or pictorial. This had not impacted on people and they knew how to get the information they required. This is an area for improvement.

End of life care and support

- Staff worked with people, their loved ones and health care professions to make sure people were comfortable and not in pain at the end of their life.
- People told us staff gave them reassurance and this reduced their anxiety. One person told us, "It's a very hard thing to get your head around, knowing you are going to die, I have off days and the carers are so kind and supportive, they'll sit down with me have a chat and make me feel a whole lot better".
- Staff knew what was important to people at the end of their life and worked with their loved ones and hospice staff to meet people's cultural and spiritual needs. Again, guidance had not been put in place for staff to refer to people's wishes and preferences and this was an area for improvement.

Improving care quality in response to complaints or concerns

- A process was in place to receive, investigate and respond to complaints to people's satisfaction.

- People and their loved ones told us they were confident to raise any concerns they had and comments they made had been acted on. One person told us, "I would not be afraid to complain, but have never had the need to".

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this service and this key question was rated requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- Checks had not been completed on care plans and risk assessments to make sure they were accurate, complete and contained all the information staff required to provide consistent care. The provider and registered manager agreed this was an area for improvement.
- The registered manager and other senior staff completed regular unannounced spot checks in people's homes to make sure staff were providing people's care safely and as they preferred.
- Checks were increased where the registered manager had concerns about staff's practice.
- Staff received feedback on their practice following the spot checks. Any concerns were addressed, and plans were put in place to develop and improve staff's practice.
- Records completed by care staff, including medication administration and care delivery records were checked monthly to ensure they were fully completed.

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

- People told us the service was well led. One person told us, "I do think the service is well led, they meet my expectations and do as they promised and set out to do in the beginning".
- The registered manager was also one of the providers. They knew people and staff well and were supported the other company directors.
- The registered manager had a clear vision of the service which included recognising individual's uniqueness and treating them with dignity and respect. Staff shared this vision.
- The provider and registered manager ensured that the culture of inclusion and respect extended to staff. They led by example and supported staff to respect each other's life style choices, such as making sure snacks were always available for vegetarian and vegan staff when they were in the office.
- We registered manager knew when to notify us of significant events, such as injuries and safeguarding concerns.
- The registered manager and provider understood their responsibilities under duty of candour and had apologised when things had gone wrong, such as calls being late.

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

- Staff were clear about their roles and responsibilities and were reminded of these at regular staff and supervision meetings. Staff told us the registered manager and provider were organised, "very supportive"

and were always available to offer guidance and advice.

- Staff were motivated and felt appreciated by the management team. One staff member commented, "Working for North Home Care is a thousand times better than anywhere I've ever worked before".
- The registered manager knew that they were required to conspicuously display the CQC quality rating on their website, so people and those seeking information about the service were informed of our judgments.
- Risks to staff relating to people's homes had been assessed and mitigated, such as where to turn off mains supplies. .

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

- People told us the office staff were approachable and acted on what they told them.
- The provider had plans in place to ask people, their loved ones, staff and professionals for anonymous feedback on the service each year, beginning shortly after our inspection.
- People shared their views with the registered manager during regular telephone checks.
- Staff were asked for their views during supervision meetings and told us they were confident to make suggestions and comments at any time and that these were acted on.

Working in partnership with others

- Contingency plans were in place to ensure people received care during bad weather, local travel disruption and following 'brexit'. These included working with local authority and health staff.
- The registered manager had recently joined Skills for Care and planned to attend the next registered managers network meeting. The network is a group of managers of similar services who share ideas and good practice.
- The registered manager had good working relationships with the local authority social work team and worked with them when people's needs changed to make sure people got the service they needed. This included reducing people's support as they became more independent.