

McNeil Homecare Limited

188 Upper Luton Road

Inspection report

188 Upper Luton Road
Chatham
Kent
ME5 7BQ

Date of inspection visit:
18 January 2016

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25 February 2016

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

We inspected the service on the 18 January 2016. This inspection was announced.

188 Upper Luton Road provides personal care to older people, including people with dementia and physical disabilities in their own home and support in the community. The agency provides care for people in the Medway area. There were six people receiving support to meet their personal care and community support needs on the day we inspected.

The service had a registered manager. 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 were protected against the risk of abuse. Staff recognised the signs of abuse or neglect and what to look out for. Both the registered manager and staff understood their role and responsibilities to report any concerns and were confident in doing so.

Risk assessments were detailed and gave staff guidance about any action staff needed to take to make sure people were protected from harm.

Effective recruitment processes were in place and followed by the registered manager. Staff had the opportunity to discuss their performance during one to one meetings and annual appraisal so they were supported to carry out their roles.

There were suitable numbers of staff on shift to meet people's needs. People's planned care were allocated to members of staff and at appropriate times.

Staff received regular support and supervision from the registered manager. Staff had received training relevant to their roles.

People were supported and helped to maintain their health and to access health services when they needed them.

People told us staff were kind, caring and communicated well with them. People's information was treated confidentially. Paper records were stored securely in locked filing cabinets.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements.

People's view and experiences were sought through review meetings and through surveys. People's views

about the service they received were positive.

People were supported to be as independent as possible. People had access to additional resources through the service to prevent loneliness.

People told us that the service was well run. Staff were positive about the support they received from the registered manager. They felt they could raise concerns and they would be listened to.

Audit systems were in place to ensure that care and support met people's needs.

Communication between staff within the service was good. They were made aware of significant events and any changes in people's behaviour.

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.

Staff were knowledgeable about protecting people from harm and abuse.

Effective recruitment procedures were in place.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

There were enough staff deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

People gave us positive feedback about the choices they were supported to make and the support they received at meal times.

Staff had a good understanding and awareness of the Mental Capacity Act.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. Staff knew people well.

People's confidential information was respected and locked away to prevent unauthorised access.

People were involved with their care. Their care and treatment was person centred.

Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responded quickly to people's changing needs or wishes.

The service provided additional support to people when they recognised they suffered from loneliness.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The service had a complaints policy, people were aware of how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

The home had an open and approachable management team.

Staff were supported to work in a transparent and supportive culture.

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

188 Upper Luton Road

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 inspected the service on the 18 January 2016. This inspection was announced. The provider who was also the registered manager was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 also reviewed notifications we had received and previous inspection reports. A notification is information about important events which the service is required to send us by law.

We sent surveys to all the people who used the service, relatives, professionals and staff. We received survey responses from three people, two staff, one relative and no response from professionals. We spoke with the registered manager during our inspection.

We looked at records held by the provider. These included two people's care records, risk assessments, staff rotas, eight staff recruitment records, meeting minutes, policies and procedures.

We last inspected the service on the 11 December 2013 and there were no concerns.

Is the service safe?

Our findings

People that we surveyed all told us they felt safe from abuse or harm and 100% of people surveyed told us that staff did all they could to reduce the risk of infection by using gloves, aprons and hand gels.

Relatives we surveyed all told us that their family members were safe from abuse or harm and staff did all they could to reduce the risk of infection by using gloves, aprons and hand gels.

Staff had a good understanding of the different types of abuse and how they would report it. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Provided contact numbers for the local authority safeguarding team and the Care Quality Commission (CQC). Training files showed safeguarding training had been attended. The provider also had information about whistleblowing and policy as a guide for staff.

Within people's support plans we found risk assessments to promote and protect people's safety in a positive way. These included; accessing the community, moving and handling, daily routines and infection control. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. These were to support people with identified needs that could put them at risk, such as administration of medicine. Guidance was provided to staff on how to manage identified risks, and this ensured staff had all the guidance they needed to help people to remain safe.

We reviewed completed incident and accident reports over the last year. They were detailed and included information about the steps staff had taken to support people following an incident or accident. The registered manager told us that the management team reviewed accidents and incidents and took action which included emailing the person's care manager and other agencies if required. Staff meeting records evidenced that discussions had taken place in order to learn lessons from accidents and incidents.

Medicines were appropriately managed to ensure that people received their medicines as prescribed. There were clear medicines policies and procedures in place which had been updated in 2015. The procedures set clear directions for staff about administration of medicines, this included information about over the counter medicines, medicines refusals and self-administration. The procedures covered key areas such as consent and areas that staff are not authorised to support people with. For example, administering over the counter medicines. Staff were clear about their responsibilities regarding medicines.

Staff who administered medicines were given training. Staff had a good understanding of the medicines systems in place. We checked one person's medicines administration record (MAR). The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. The records showed that the person had received their medicines as prescribed.

There were suitable numbers of staff on shift to meet people's needs. The staffing roster showed that when staff were off sick or on training people still received their care and support. The registered manager was part of the staff team that carried out support to people in their homes. During our inspection, people rang the office to ask questions about their support and tell the office staff about any changes that were needed to enable them to attend appointments. The registered manager responded well to these calls and gave people time to communicate and took time to explain and changes. This meant people were reassured when changes were needed.

There was a clear plan in place outlining steps that should be taken in case of an emergency. People were provided with an out of hours contact number which could be used to gain access to the registered manager particularly at weekends. The service had an emergency plan which detailed how the service would operate in bad weather. This meant that there were suitable arrangements in place to ensure that staff were safe and that people would receive the care and support they needed.

Is the service effective?

Our findings

Most people told us that staff were good at their jobs and had the necessary skills. People we surveyed told us 100% of staff arrived on time, the receive care and support from familiar, consistent care and support workers was 100% and 100% of staff stay the agreed length of time.

Relatives we surveyed all told us that they would recommend the service to other members of their family and that the staff supported their family members to be independent. 100% of relatives said that staff completed all their tasks before leaving and had the correct skills and knowledge to meet their family member's needs. 100% of relatives said that staff arrived on time and stayed the agreed amount of time.

Staff had received training and guidance relevant to their roles. Staff demonstrated that they had a good understanding and awareness of their job roles. Training records evidenced that staff training attendance was mostly high. For example, all staff had attended training relating to lone working and moving and handling. The training records also evidenced that all staff had attended dementia training. People received care and support from staff who had been trained to meet their needs.

The registered manager told us that staff had an induction when they started work. The registered manager and staff explained that this included shadowing experienced staff, completion of an induction folder, training and observations carried out by them. The provider would be introducing the care certificate as part of induction, experienced staff including the registered manager would be completing this. Records evidenced that staff received regular supervision. This was done in a variety of ways such as one to one meetings, spot checks and observations.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. All staff had attended Mental Capacity Act 2005 (MCA) training. Staff evidenced that they had a good understanding of the MCA. Registered manager explained how they supported people to understand information to enable them to make decisions. Registered manager said they broke the task up into small pieces. For example, if someone required assistance with personal care, they first started by asking and prompting the person to wash their face. People were prompted and reminded about advocacy services within their 'service user agreement'. This meant that if people needed help to make a decision, there was information available to enable them to find appropriate support. The care files all followed the principles of the MCA, they followed the assumption that people had capacity, there were no capacity assessments to evidence that people's capacity had been assessed in relation to decisions. One person's care plan had been signed by a relative which could indicate that the person did not have capacity to sign and agree to the care they were receiving. We saw evidence in the care plan whereby a court of protection appointed a court deputy to manage the person's personal welfare.

Registered manager explained how they supported people to maintain independence when observing them during meal time. They said, "We do not prepare food for people we support. Families do cooking. Staff only

carried out a sitting service and observed that they eat a balanced diet". Care records evidenced the care and support needs that people had in relation to maintaining their health through eating and drinking. Care plans encouraged staff to offer plenty of drinks and to ensure that staff left drinks in reach of people before leaving. People were referred to their GP if there were concerns about their food and fluid intake or if they had lost weight.

People's care records evidence that people received medical assistance from healthcare professionals when they needed it. Staff contacted the office to inform the management team when any changes in people's health had been noted. We checked the care records and saw contact was recorded to show that the service had responded to people's changing needs as they had contacted the GP, district nurses, Occupational Therapists (OT's), relatives and local authority care managers when necessary. The registered manager gave examples of the action they would take if they were concerned about a person's health such as if someone was not acting in their usual manner or that they were showing signs that the person had experienced a stroke. This meant that people's health needs were met by staff.

Is the service caring?

Our findings

People told us that staff were kind and caring and treated them with dignity and respect. All of the people we surveyed told us they were happy with their care and support and staff treated them all with dignity and respect and were caring and kind. 100% of people we surveyed said they were introduced to staff before they provided support.

All of the relatives we surveyed told us they were happy with their care and support their family member received and staff treated their family member with dignity and respect and were caring and kind. 100% of relatives we surveyed said their family members were introduced to staff before they provided support.

People's personal histories were detailed in their care files which enabled new staff to know and understand people and their past. Staff knew the people they were supporting very well. They had good insight into people's interests and preferences and supported them to pursue these. The registered manager was able to talk about one person's preferences about privacy and how they respected them. This showed that staff supported people based on their involvement, choice and preference.

People were involved in their care planning and their care was flexible. Records evidenced that if people wanted to change their care and support, they contacted the registered manager and requests were met where possible. People's care plans detailed what type of care and support they needed in order to maintain their independence. For example, one person's care plan detailed that they needed support to have a shower and change of clothes. Another person's care plan detailed they needed support to go into the community. Daily records evidenced that people had received their care and support as detailed on the care plan. The daily records also showed where people had requested support to do something that wasn't on their care plan and showed that people had made choices.

Staff were aware of the need to respect choices and involve people in making decisions where possible. The registered manager told us they gave people prompts and praise to ensure people were in control and encouraged people to make decisions.

Staff maintained people's privacy and dignity. Staff we surveyed all told us that people were treated with dignity and respect. 100% of staff surveyed told us that they were introduced to people before providing care and support.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Staff maintained people's privacy was respected. Staff we surveyed all told us that people were treated with dignity and respect. 100% of staff surveyed told us that people who use this care agency were always treated with respect and dignity by them and 100% of relatives confirmed this.

Is the service responsive?

Our findings

100% of people we surveyed told us that they were involved in decision making about their care and support needs. Everyone knew who to complain to if they needed to and 100% of people felt that the service responded well to complaints.

The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed for people within the 'service user guide'. The complaints policy showed to us had expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO).

Complaints records showed that issues had been fully investigated and responded to by the registered manager and provider within appropriate timescales, people had received an apology when one was required. Compliments records were maintained. These records contained letters and cards from people and their relatives. One read 'Thank you for all that you do for my family in ensuring her life is lead to the full with joy'. Another one stated 'Thank you for all your help and advice. I think I may have found another angel'.

100% of relatives told us that they were involved with making decisions about their family members care and support and that staff and service responded well to complaints.

The registered manager told us that when they started to provide support to people they always ensured that a care plan and risk assessments were in place and they had all the information they needed to provide care and support. They explained that they conducted an assessment visit prior to the care package starting. During assessments people were asked if they would prefer a male or female staff member and their preference was noted and respected where possible. People's care records contained care plans, risk assessments, and care reviews. The care plans included information on; personal care needs, medicines, leisure activities, nutritional needs, as well as people's preferences in regards to their care. Six monthly reviews were carried out with people to determine whether they were happy with the care package that they received or if they had any comments to make.

People were encouraged to provide feedback about the service. People had been sent surveys. The results showed that 100% of people said staff gave them the food and drink they preferred, 100% of staff encouraged people with their independence and 100% of staff treat people with kindness and compassion. The registered manager had analysed all of the completed surveys and found that everyone was happy with the service.

The provider contacted other services that might be able to support them with meeting people's health needs. This included the local authority's community team and the community district nurses. This demonstrated the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts

such as phone calls, reviews and planning meetings. Contact varied from every few weeks to months. This showed that each person had a professional's input into their care on a regular basis.

Is the service well-led?

Our findings

People told us the service was well managed. 100% of people we surveyed told us that they knew who to contact in the service if they needed to and they were asked for their views about the service. Everyone said that information from the service was clear and easy to understand.

100% of relatives told us they knew who to contact in the service if they needed to and that they were asked for their views about the service.

100% of staff told us they would feel confident about reporting any concerns or poor practice to my Managers and they were given important information as soon as I need it. Staff also received support and guidance by attending staff meetings. These were held regularly, records of these evidenced that staff discussed practice issues and explored other ways of providing support following good practice guidance.

The provider told us that they had accreditation schemes with Skills for Care's National Minimum Data Set for Social Care (NMDS-SC), which is an online database which holds data on the adult social care workforce. The provider used this system to update information on staff training regularly. This helps authorities to plan resources for the local workforce and commissioning services.

The service had a clear management structure in place led by an effective registered manager who understood the aims of the service. The management team encouraged a culture of openness and transparency. Their values included an open door policy [anyone who wanted to bring something up with them just had to walk through the door and ask], management being supportive of staff and people, respecting each other and open communication. Staff demonstrated these values by being complimentary about the management team.

Audit systems were in place to monitor the quality of care and support. Spot checks were undertaken to check that staff were providing care and support as they should be. Review meetings took place six monthly and people were asked their views. The management team had checks in place to ensure that people received the care they were supposed to. We looked at records of spot checks had taken place. Two records had highlighted issues about staff performance which had been challenged with the staff member at the time. However, the audits had not been regular as the last audit was on 31 March 2015. We spoke with the registered manager about this and they indicated that they had identified that this and showed us their planned six monthly audit. They also said, "We have fell back on this and I am now trying to do it every six months. This was due to my poor health".

The registered manager had identified areas of improvement within their provider information return (PIR) and detailed how they planned to achieve these. For example, they identified that they needed to be stepping back from supporting people in the community and spending more time managing staff. This was identified as an improvement because of growth of the business. Currently the registered manager support people alongside frontline staff. They had set themselves timescales of 12 months to achieve this.

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. The registered manager kept staff up to date with new developments in social care. The registered manager kept themselves up to date with developments in social care by being an active member of local forums, attending national conferences and working with safeguarding boards. The aims and objectives of the service were clearly set out; they fostered accountability, respect and honesty. The registered manager of the service was able to promote these values with the staff.

Staff were clear about their roles and responsibilities. The staffing and management structure ensured that staff knew who they were accountable to. The registered manager supported the frontline staff.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as serious injuries, safeguarding concerns, deaths and if they were going to be absent from their role for longer than 28 days.