

Newcastle Home Care Associates Ltd

18 Portland Terrace

Inspection report

18 Portland Terrace
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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: 18 Portland Terrace is a domiciliary care agency. It provides personal care and support to people living in their own homes, some who are living with complex care needs. At the time of inspection there were 232 people receiving support with personal care.

People's experience of using this service: People and staff were fully engaged by the service and their voices were used to improve the quality of care provided. The service had people at the heart of all activities and staff were focused on supporting people to reach their maximum potential. People and their relatives were positive about the care provided.

The service was driven by a dedicated management team who created a positive and driven workforce to support people with their individual needs. People's care records detailed how they wished to be supported and reflected their own personal choices and individuality.

The quality and assurance systems in place allowed for real time monitoring of the service and created bespoke action plans to improve the quality of care provided.

There were regular reviews of people's care needs, in partnership with other healthcare professionals, to make sure people got the support they needed. People were involved in all aspects of their care, from their initial assessments to continuing reviews.

Medicines were managed safely and risk assessments were in place to help keep people safe. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff continued to be recruited safely and received an in-depth induction. Staff attended regular refresher training sessions and had the opportunity for career progression.

People were supported to attend activities in the local community and maintain social relationships. Staff provided support to people receiving end of life care and people requiring support to maintain a balanced healthy diet.

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

Rating at last inspection: Good (report published September 2016)

Why we inspected: This was a planned inspection based on the rating at the previous inspection.

Follow up: We will continue to monitor the service through information we receive from the service, provider, the public and partnership agencies. We will re-visit the service in-line with our inspection

programme. If we receive any concerning information we may inspect sooner.

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 remained Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service improved to Good.

Details are in our Well-led findings below.

18 Portland Terrace

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: The inspection was carried out by one inspector.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own homes up to 24 hours per day.

The service had two managers 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 visit because they provide a domiciliary care service and we had to make sure staff would be in.

Inspection site visit activity started on 02 May 2019 and ended on 07 May 2019. We visited the office location on 02 May 2019 to see the managers and office staff; and to review care records and policies and procedures. We contacted people, relatives and staff, with prior permission, on 07 May 2019.

What we did: Prior to the inspection, the registered managers completed a Provider Information Return. This is a form that the provider must send to CQC with key information about the service, what improvements they have planned and what the service does well.

We reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adult's teams and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who

commission services from the provider. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services. The feedback from these parties was used in the planning of our inspection.

We spoke with three people who used service, three relatives and 10 members of staff including both registered managers. We reviewed the care records for five people, medicine records for five people and the recruitment records for five members of staff.

We looked at quality assurance audits carried out by the registered manager and the provider. We also looked at the staffing rotas, training records, meeting minutes, policies and procedures, and information related to the governance 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

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

Systems and processes to safeguard people from the risk of abuse

- The registered managers continued to investigate all safeguarding concerns and reported these appropriately to the local authority. There were safeguarding policies and procedures in place at the service.
- People and their relatives told us they felt safe with the care provided and had no concerns.
- Staff received regular safeguarding training and could tell us what action they would take if they identified any form of abuse. One staff member said, "I'd report it and record it."

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place for staff to use to help keep people safe. For example, risk assessments were in place for choking and falling.
- Staff regularly reviewed the risks people faced and updated records to reflect any changes.

Staffing and recruitment

- Staff recruitment continued to be safe and all new staff had appropriate pre-employment checks in place to make sure they were suitable for the role.
- There were enough staff to safely support people.. The service had a 'rapid response' team to ensure there was always a member of staff available to support people.

Using medicines safely

- Medicines were managed safely, and staff had received training in medicines administration.
- Staff had their competencies checked regularly.
- Medicine administration records were completed and regularly audited for any errors. Any issues identified were investigated fully by the management team and used as lessons learned for staff and the service.

Preventing and controlling infection

- Infection control procedures continued to be followed by staff. One relative told us, "They wear gloves."

Learning lessons when things go wrong

- The management team investigated all incidents and outcomes from these were detailed and included follow up actions.
- Lessons learned from incidents were shared with staff, people and other health and social care professionals.

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.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People had their needs assessed before staff provided support. Initial assessments included physical, emotional and social needs. Regular reviews of people's needs were clearly documented, and updates to people's care plans to reflect changes in support.
- Staff provided support to people in line with current national best practice standards and guidance, such as the National Institute for Clinical Excellence guidance and MCA.
- People and their relatives consented to each aspect of their care and there was documented evidence to support this. One person told us, "I've signed my forms so I'm happy with what I get."
- People and their relatives were involved at every stage of their care planning and were part of regular reviews. Daily logs showed what support each person had received. One relative said, "He chooses what he wants. (Staff) come and check the books a lot too."

Staff support: induction, training, skills and experience

- The directors of the service were working with staff to provide career pathways around their own areas of interest, for example supporting staff to train to become nurses in partnership with a local college.
- Staff continued to receive regular training to keep their knowledge and skills at the correct level.
- New staff received an induction which included the 'Care Certificate'. One staff member told us, "I didn't have any experience before and now I have a qualification in care."
- Staff received regular supervisions and yearly appraisals.

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

- Some people were supported with meals and were encouraged to make choices of what they ate and drank.
- Some people had special diets, for example low calorie and soft diets, and staff supported people with appropriate choices and followed healthcare professionals advice.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other agencies to make sure people had the appropriate support for their needs. One relative we spoke to explained how the staff worked with a person's GP to help with medicines and coping strategies.
- Relatives told us that staff knew people well and were able to identify if they needed to be reviewed by other agencies, for example the GP. One relative told us about how a staff member had noticed changes to one person and had contacted the GP. They said, "(Staff member) knows him better than the doctors."
- People were supported to access healthcare services, for example hospitals and clinics, and staff used advice provided to make sure people's needs were fully met.

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

- There were equality and diversity policies in place at the service and staff had received training around this.
- People were very positive about the support provided by staff. One person told us, "I like them a lot. They are good company. I'm by myself most days so they keep me going."
- People's care plans were person centred and individual. One person explained how they had changed agencies to the service and said, "I'm really happy, I tell my friends they should use them."
- Relatives were positive about the service and the relationships between people and staff. A relative commented, "(Person) really loves them."
- Staff told us people were well cared for and spoke kindly about people. Staff said they were able to support people and check their care plans for any updates.

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

- People had personalised care plans which were created as a partnership between people, relatives and staff. One relative explained how everyone worked together to create strategies to help with a person's behaviours. They said, "We use strategies to help him. We write them down and he follows them."
- People accessed advocacy services with the support of staff. Information was available to everyone to about these services and available in easy read format. Advocacy services support people to express their views and choices relating to their own individual care.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to maintain their independence within the local community and at home. One person commented, "They ask me do I want this or that. We make lists for the shops and I go with staff to get the food. I'm alright at cooking but they help me in the kitchen sometimes."
- Staff respected people's privacy and dignity. A person told us how staff do not just walk straight into their home. They said, "They knock before coming in the house. They've got the key but still knock and shout, so I know it's them."

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's initial assessments included physical, emotional and social needs. Regular reviews of people's needs were clearly documented, and we saw updates to people's care plans to reflect changes in support. Staff told us, "We have time to check care plans and check there's no changes."
- People's records showed people were given choices and support that reflected their own personal preferences. One person said, "They ask me do I want this or that."
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. The identified information and communication needs were met for individuals, for example speaking directly to a person or providing pictorial information.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people had access to this. This was also available in easy read format.
- The management team investigated all complaints in line with the policy and shared outcomes with people, relatives and staff.
- Complaints were analysed and used as part of the overarching action plan for the service to improve.

End of life care and support

- People received palliative care from staff who had received training around supporting people with end of life care. The service had an end of life policy in place.
- Relatives were very complementary about the support staff provided in partnership with nursing teams and information provided. One relative said, "They gave me lots of information when he took bad, they sent me a leaflet for a support group around the corner. It's been good support. They always ask how I am."

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.

At our previous inspection we found there were concerns about the management oversight of the service and the systems in place to monitor the quality and assurance of the care provided. At this inspection we found improvements had been made in all areas.

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

- The management team understood their responsibility under the duty of candour. Where things had gone wrong apologies were given to people and these instances were used to improve the service so similar incidents did not happen again.
- Staff were positive about the management team and the culture within the service. One staff member told us, "These carers that work the company have a lot of experience. I care about all the people I look after. It's not just a job. You have to be all in and we are."
- People and their relatives were very complementary about the service. People's care records were detailed and person-centred. One person told us, "They're a god send to me. I go out with them too. Everyday they come and they help me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered managers were fully aware of their legal responsibilities. They reported all safeguarding concerns to the local authority and notified us of incidents and concerns.
- There were quality and assurance systems in place to monitor the quality of care provide to people. There were regular audits of the service and the results from these were used to improve the service and reflect on ways to drive improvement.
- The provider had created a new performance system to monitor all aspects of the service including the continuity of care, safety and risk management.
- There were action plans in place to improve the service and the care provided to people. These were created using the results from the quality and assurance systems and lessons learned from incidents.

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

- The provider had worked with staff to improve the service. Staff were invited to be part of improvement groups to shape the direction and vision of the service.
- People told us they were asked for feedback about their care and relatives confirmed this. As part of the provider's engagement programme people were being invited to attend sessions to provide group feedback

and suggestions to improve the overall care delivery.

- There were regular staff meetings and updates.

Working in partnership with others

- People's care records showed involvement from other healthcare professionals. One professional provided feedback to the service and commented, "Super service your team is providing to our patient. Both my manager and I are very pleased with the care that you are providing and the communication between yourselves and the multidisciplinary team (MDT) is excellent." A MDT is group of professionals from one or more clinical disciplines who make decisions regarding recommended treatment for people.
- Relatives told us about staff working in partnership with professionals and staff told us about bonds they had created with external agencies.