

Neptune Home Care Limited

Neptune Home Care

Inspection report

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19 May 2021

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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

The service provides care and support to people living in their own homes. At the time of the inspection there were 13 people using the service.

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 and what we found

People's safety was promoted. People felt safe with the staff and the care and support provided. Potential risks to people's safety had been assessed, managed and monitored to ensure their needs were met.

People were supported by staff to take their medicines and have a healthy and balanced diet where this was included in their package of care. People had access to health care services when needed. Staff worked in partnership with health care professionals to promote people's good health.

Staff recruitment processes were followed. There were enough staff to support people and provide the care they needed. Systems were in place to ensure staff were fully trained to meet people's needs. Staff had completed safeguarding training, recognised the signs of abuse and knew how to report concerns of potential abuse or poor practice.

People's consent was gained by staff before any care was provided. Decisions made by people about how they wished to be cared for were reflected in their support plans. 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 received person centred care. People were supported by reliable, kind and caring staff who they trusted. A small team of staff provided care and support to people, which promoted consistency and continuity of care. Staff promoted people's independence and respected their rights, privacy and dignity. Staff knew people well and respected their lifestyle choices and culture.

People and their relatives were actively involved in the development of their support plans. These were personalised, reviewed and updated as people's needs and wishes changed.

The provider had systems in place to monitor and improve the quality and safety of the service provided. This included systems to support staff with regular supervision and training to maintain their training and knowledge. People's views about the service were sought individually and through satisfaction surveys. Everyone we spoke with told us the registered manager and provider were approachable and they were confident concerns would be addressed.

The registered manager was aware of their responsibilities in meeting their legal obligations. They kept their knowledge up to date and were part of the local social care forums. The registered manager worked in partnership with health and social care professionals. They showed commitment and welcomed feedback to improve the quality of care people received and the overall service.

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

Why we inspected

This was a planned inspection based on the date the service was registered. This service was registered with us on 19 July 2019 and this is the first inspection.

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.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Neptune 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. 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.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection and provided an explanation as to the inspection process, and to assure ourselves effective implementation of COVID-19 guidance when visiting the office.

The inspection activity started on 17 May 2021 and ended on 19 May 2021. We visited the office on 18 May 2021.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection.

We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, and care workers. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback about the service from the local authority who commissions and monitors the quality of care provided.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's wellbeing and safety was promoted. People said they felt safe with the staff and had information about how to raise concerns. A relative said, "[Person] feels 100% safe. We know [staff] really well. They are considerate to our home."
- Systems and processes were in place to protect people from abuse. Staff had received safeguarding and whistleblowing training and knew how to identify potential signs of abuse and report their concerns. A staff member said, "I know [registered manager] will take concerns seriously and investigate it. I can report concerns to CQC (Care Quality Commission). It's our duty to protect people."
- The registered manager understood their responsibility and took action when a safeguarding concern had been raised. They reported the concern to the local authority and CQC, investigated and took action.

Assessing risk, safety monitoring and management

- Potential risks to people's safety and their home environment had been assessed. Support plans provided staff with clear guidance as to how to support people, the number of staff required and equipment to be used to maximise people's safety.
- People were happy with how risks were managed. Relatives said, "[Person] is frail, so [staff] make sure there is a chair ready [to sit on]." And "The staff are very attentive. They anticipate safety problems." Risks were monitored and the care provided was reviewed regularly to ensure the measures in place remained appropriate to keep people safe.
- People had an 'emergency contact sheet' in their care folder at home and the office. This had up to date essential information about people's care needs including their medicines, which could be shared with health care professionals in the event of an emergency or hospital admission.

Staffing and recruitment

- Staff were recruited safely. Staff files contained a full employment history, a record of the interview and evidence of satisfactory references and a Disclosure and Barring Service check.
- Staff spoke about the training completed as part of their induction, which included working alongside experienced staff until they were confident and competent to support people.
- People told us there were enough staff to support them. People had regular reliable staff and were informed as to which staff member to expect. People told us staff stayed for the agreed length of the visit. Relatives said, "We are never left in the lurch. The carers are most strict on time" and "If they are running late, we would be informed, that doesn't happen often."
- Staff told us they had enough time to provide the care people needed. Any changes to the rota's was communicated to staff and people in a timely way. Staff punctuality was monitored using the electronic

system so action could be taken.

Using medicines safely

- People were supported with their medicines when needed and this was done safely. A relative told us staff supported their family member to take their medicines at the right times. People's relative or the pharmacy had responsibility to prepare medicines into a dosset box [compartment with prescribed tablets taken at different times]. Support plans provided clear guidance for staff to follow as to the level of support needed.
- Staff were trained in the safe management of medicines and had their competency checked regularly. Staff described the correct procedure when supporting people with their medicines and knew what action to take if a person declined to take their medication. The medicines administration records had been checked by the registered manager regularly. This enabled the registered manager to monitor people's health and if required seek medical advice.

Preventing and controlling infection

- The infection prevention and control policy and procedure had been updated which took account of the COVID-19 pandemic.
- Staff had received training in infection control procedures including COVID-19 and knew how to protect people from the risk of infection. Staff told us they had enough supply of PPE and were regularly tested for COVID-19. This assured everyone's safety.
- People were given information about safety procedures followed due to the pandemic. People and relatives said staff used PPE but the disposable aprons were not used consistently. The registered manager was responsive to this and took immediate action. All staff were contacted and informed that all PPE must be used at all times. They also carried out spot checks on staff and sought feedback from people to confirm staff used PPE correctly.
- The provider's COVID-19 contingency plan outlined the arrangements to ensure essential care continued to be provided based on people's individual needs through a risk-based approach.

Learning lessons when things go wrong

- Accidents, incidents and safeguarding concerns were recorded and monitored by the registered manager to identify any trends so action could be taken to promote people's safety.
- The registered manager understood how to use the information and any learning was shared with the staff. For example, staff were reminded to inform the office of any delays so people could be contacted to avoid any worries.

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 for this newly registered service. This key question has been 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

- People were involved in the process to assess their care needs and in the development of the care plan. The registered manager introduced staff to people to ensure they understood their needs, individual preferences and routines.
- Assessments were completed in line with best practice guidance, for example, using the mobility and falls risk assessment tools. These were monitored and updated as people's needs changed.
- A relative described how they and their family member were involved in the development of their support plan. These were detailed, personalised and all aspects of a person's needs had been considered, including their religious and cultural needs, and the characteristics identified under the Equality Act.

Staff support: induction, training, skills and experience

- People told us staff were trained and confident to support them. Relatives said, "It's apparent in [staff] behaviour, they're fully qualified. We've every confidence in them" and "[Person] gets help getting into bed. They handle the hoist carefully."
- Staff received an induction and essential training for their role. A staff member said, "I shadowed [registered manager] when supporting a person and then she checked what I was doing was right." Staff who had not worked in care completed the care certificate, which provides staff the basic knowledge and skills needed to provide safe care.
- Training information showed staff had completed training in topics related to health and safety and promoting person-centred care. Staff were provided with information and training to support people with health conditions such as Parkinson's disease. Where people needed support to manage health care needs, staff were trained in this area and had their competency assessed. Staff were encouraged to attain a nationally recognised qualification in health and social care.
- Staff said they were well supported by the registered manager through individual supervisions and group meetings.

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

- People told us they were supported by staff to choose what they would like to eat and drink and maintain a healthy and balanced diet. A relative said, "When [person] has quiche, staff will cook vegetables."
- Staff were trained in food safety and preparation. Staff knew people's food preferences and the support plans described their dietary needs and the level of support needed. Staff knew what action to take if there were any concerns with eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; and Supporting people to live

healthier lives, access healthcare services and support

- Everyone we spoke with were confident staff were vigilant and would act quickly if they had any concerns about people's health.

A relative told us staff worked flexibly provide care and support at a suitable time to enable their family member to attend medical appointments.

- People's support plans provided clear guidance for staff to follow which included instructions provided by health care professionals such as the community nurse. We saw evidence that referrals were made to health care professionals when needed. This showed staff were responsive when people's health was of concern and they worked well together to meet people's needs in a timely way.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The service was working within the principles of the MCA. Staff were trained in this area. A staff member said, "All my clients have capacity. I always ask and offer to help. I will let them know what I'm about to do when helping them to get ready." Staff gave examples of how they sought consent, involved and encouraged people to make daily decisions about all aspects of their care.
- People's ability to make informed decisions had been assessed. The registered manager was aware of the role of a relative with the appropriate power of attorney, (another person legally authorised to make decisions on their behalf) needed to be involved and this would be documented in the person's support plan.

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 for this newly registered service. This key question has been rated good. This meant 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 said staff treated were kind and caring and respectful of them and their home. Comments included, "[Staff] are very caring," "I find them very friendly" and "We always get a cheery welcome. They are immensely chatty. They are very personable." People told us staff were polite and always addressed them and their family members in a respectful manner.
- Staff knew people's preferences and had developed caring relationships with people and their relatives. Staff spoke in a warm and caring manner and were knowledgeable about the people they looked after. A relative said "Both carers are very conscientious. They brought me a [cake]. They remembered my [spouse] birthday and bought [them] a bunch of flowers."
- We saw evidence the service had considered people's equality, diversity and cultural needs. Staff had received training in this area and understood the importance respecting people's diverse needs, lifestyle choices and beliefs.

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

- People were involved in the planning of their care. Decisions made about people's care and their preferences were recorded in their support plans. Staff had good insight and awareness of their individual preferences and the important things and family members in their lives.
- People were supported by the same regular reliable staff member. A person said, "[Staff] will ask if there's anything else they can do for you. They make sure I have everything I need."
- Staff told us they had enough time to meet people's needs and they engaged with each person to promote their wellbeing and made sure they had everything they needed.

Respecting and promoting people's privacy, dignity and independence

- Everyone told us staff treated them with respect and maintained their privacy and dignity. A person said, "They close the bathroom door when I wash [private] parts of me".
- Staff gave examples of how they protected people's privacy and dignity. A staff member said they would knock on door before entering. A staff member said, "I draw the curtains and will close the door and I use a towel to cover them [people]."
- People's independence was promoted, and their support plans reflected what they were able to do for themselves. A person said, "[Staff] lets me do as much as I possibly can do by myself." Staff gave examples of how they promoted and encouraged people to maintain their independence as far as practicable. A staff member said, "When showering I help to wash their back because they can't reach." Another staff member told us they supported a person with walking and daily exercises prescribed by the physiotherapist to maintain a person's movement and mobility.

- People's personal information was kept secure by staff who understood the importance of confidentiality. The registered manager told us all electronic records were password protected and access was restricted to the named individual.

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 for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support. People were involved in the planning of their care and were introduced to staff before the package of care started to ensure staff understood their preferences. A staff member said, "Support plans are very detailed, it tells you everything you need to know about how to support people. I read it, and the notes from the last visit in case anything has changed."
- The registered manager and staff had a good understanding of people's care and social needs. Support plans contained person centred information as to how people wished to be supported by staff and considered the protected characteristics as defined by the Equality Act. Information about the support provided by other health and social care professionals such as the community nurse and the podiatrist, was also documented.
- People maintained control and made decisions about their care. A person said, "We discussed that I need to go out today, so [staff] said they'd adjust the time. Staff are very willing even working extra unpaid [due to a person's fluctuating health condition]."
- People were involved in the review of their care and their views and decisions made were recorded. Support plans were kept up to date in people's homes and any changes to people's needs was communicated to staff via telephone, and in the future alerts on the electronic care planning system when fully operational.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and the level of support required was recorded in their support plan. For example, information was provided in large print for a person.
- Everyone we spoke with said staff communicated well and effectively. A relative told us staff encouraged people to express their wishes without restrictions. A staff member said they ensure they faced the person when they spoke, and presented information in a way that was easy to understand so they could make choices.
- The provider told us they would make information available in a range of formats that people could understand including electronic records.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact and relationships with family and friends. Where people had social support as part of their package of care, staff supported them to go out for short walks safely wearing masks and maintaining social distance.
- People's daily routines and activities were recorded. Staff had good insight about people's lifestyles, relations and interests, and were supported to choose how they would like to spend their day. A staff member said, "[Name] lives in a nice community and when we go out the neighbours will always say hello and like to talk but we keep space between us and never discuss what I do to help [name]."

Improving care quality in response to complaints or concerns

- People received information about the service which included how to complain and how concerns or complaints would be dealt with.
- Everyone we spoke with knew how to complain if they needed to and were confident, they would be listened to. A person said, "I have the office number and the number for the boss of the company. I rang them a couple of times when the carers were really late." They confirmed staff punctuality had improved since.
- The service had not received formal complaints, but any verbal concerns received had been recorded and appropriately responded to in a timely manner in line with the policy. This showed the registered manager was responsive to concerns.

End of life care and support

- At the time of our inspection no one using the service required end of life support.
- The service had an end of life care policy and staff had received basic training and information in this area.
- Everyone had an emergency contact record which included information about people's needs, medication and care and support provided by staff. The registered manager told us as part of the ongoing review process, people's wishes regarding their end of life care would be explored and recorded when known.

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 for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a registered manager. They and the provider understood their legal obligations and had notified CQC about events that they were required to do so by law. The provider understood the requirement to display the inspection rating and report when published on their website and within the service.
- The provider and registered manager had a clear understanding of their role and responsibilities to ensure the day to day management of the service. People, relatives and staff all expressed confidence in how the service was managed.
- Systems and processes were in place to monitor the quality of service provided to people. The registered manager carried out regular checks on people's care. Care records returned to the office were audited to ensure people received the care they needed. People's views about their care were sought during reviews meetings and wellbeing telephone calls. This enabled the registered manager to make any changes to people's package of care and/or their support plans. Staff training and competency was checked and their practice was monitored through unannounced spot checks. Staff supervisions were used to provide feedback on their performance and identify further training needs.
- The provider's policies and procedures were reviewed and kept up to date. Staff knew how to access these and key policies were included in the staff handbook.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- Notifiable incidents had been reported to CQC and the local safeguarding authority.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider, registered manager and staff were caring and showed a commitment to providing person-centred care and support. People and their relatives complimented the staff and the registered manager. A relative had recommended the service to a neighbour and said, "Our neighbours say, we set our clock by your carer. We are completely satisfied."
- People knew who the provider and registered manager were and described them as approachable and

responsive to any issues raised. A relative said, "I have everyone's telephone number and can ring them up. The [provider] is a personable chap. [Name] is very respectful and helpful. I have emailed and phoned [them].

- Staff were well supported and were confident the registered manager would act on concerns in line with the provider's procedure. A staff member said, "[Registered manager] is very organised, they listen and will act if I say I'm worried about someone." Staff knew how to use the whistleblowing procedures.
- The registered manager praised staff for their continued commitment to providing quality care to people. They also worked alongside staff and provided care to people, which meant they could give feedback about the quality of care they received and the staff.

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

- People remained at the centre of their care. Support plans were personalised to reflect people's individual preferences and diverse needs, which staff could access in people's homes and via their hand held devices.
- People's views about their care were sought during review meetings, telephone wellbeing calls and an annual survey. The latest survey results were positive and showed high rates of satisfaction. The registered manager was due to share survey results with people and staff.
- People, relatives and staff all said communication with the registered manager was good. Staff told us the on-call support was valuable and they received guidance in when dealing with an emergency.
- Staff were encouraged to make suggestions to help improve the quality of care people received. Staff told us they felt valued and respected. One staff member said, "[Registered manager] gave me flowers and a card for my birthday and I really appreciated this." Another said, "I love working in care, people really appreciate the help I give them."

Continuous learning and improving care; Working in partnership with others

- The registered manager was responsive to feedback from people, staff and health care professionals. For example, following our discussion, the registered manager introduced a standard agenda for staff meetings and included 'conversation topic'. This could relate to changes to policies, discussion about health conditions and shared learning from complaints and incidents.
- The provider's policies, procedures and business continuity plan took account of BREXIT and the pandemic to ensure people continued to receive the care they needed.
- The provider had invested in the service and the electronic care planning system. Information about people's care, staff records, and management information was being transferred to a new electronic care management system. This system would enable the registered manager to monitor more effectively and identify trends so action can be taken promptly.
- The registered managers kept up to date with good practice, and shared information via their membership of organisations, local provider forums and the reading of articles in journals and newsletters.
- The local authority who were responsible for people's package of care had no concerns about the service or the quality of care people received.