Numada Home Care Limited

Numada Homecare

Inspection report

63 The Avenue
Gosport
Hampshire
PO12 2JS

Tel: 02392527696

Date of inspection visit:
31 July 2019

Date of publication:
27 August 2019

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
Numada Homecare is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 29 people at the time of the inspection. The service provided short term reablement support, usually up to six weeks, with the aim of supporting people to regain their independence and assess any ongoing support needs. The service had a single point of referral from the local authority reablement service, the Community Response Team (CRT) we have referred to the CRT in this report.

People's experience of using this service and what we found
People and their relatives told us the service provided safe care. Staff were aware of people's risks which were assessed with plans developed to mitigate these. There were enough staff to meet people's needs and staff and people told us there was enough time during calls to meet people's needs without rushing. Staff were recruited safely and knew how to safeguard people from abuse.
People were protected from the risk of infection and staff were checked to ensure they used the appropriate equipment to promote safe and hygienic care. Medicines were mostly managed safely but information about 'as required' medicines was missing from the records. This information supports the safe management of people's medicines. We have made a recommendation about this. Information from incidents at the service was used to make improvements and prevent a reoccurrence.

People's needs were assessed by the CRT prior to the person using the service and the provider added to this information during their initial visits and as people's needs changed. People were asked about their protected characteristics to inform people's needs and support non-discriminatory practice. 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. Staff completed training to meet people's needs and this was monitored for completion. People's nutrition and hydration needs were assessed and met where applicable. People were supported to access a range of healthcare and other services to meet their needs with a focus on enabling people to regain and maintain their independence.

People and their relatives told us staff were kind and caring. Staff knew how to provide respectful care that promoted people's dignity and privacy. People told us they were involved in decisions about their care and their consent was sought by staff.

The provider occasionally supported people at the end of life and told us they relied on the CRT for a care plan in these circumstances. The provider's policy did not detail all the information that may be required to care for someone appropriately at the end of their life, so they could check people's needs had been fully explored. We have made a recommendation about this. People told us their needs were met by the service and they were supported to achieve positive outcomes. Complaints about the service were investigated, responded to and used to identify trends and improve practice. People were asked about their communication needs and the service was able to provide information in appropriate formats to meet

these.

An effective system was in place to monitor the quality and safety of the service. The registered manager used information from incidents and audits to achieve continuous improvements. Staff spoke positively about the culture and management of the service and people told us they were 'happy' with the service they received. Feedback from people was sought but the registered manager was working on making the current system more meaningful to service development. Staff were asked to give feedback but the analysis of this could be improved to show learning and actions taken as a result. We have made a recommendation about this. The service worked in partnership with other agencies to promote and support people's wellbeing and independence.

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

Rating at last inspection
The last rating for this service was good (published 30 December 2016). The service remains rated good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Numada Homecare on our website at www.cqc.org.uk.

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 effective findings below.

Is the service caring?

Good

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.
Details are in our well-Led findings below.

Numada Homecare

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 assistant inspector.

Service and service type
This service is a domiciliary care agency. It provides short term reablement support and personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.
Inspection activity started on 31 July 2019 and ended on 12 August 2019. We visited the office location on 31 July 2019.

What we did before inspection
We reviewed information we had received about the service since the last inspection. 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 inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with the local authority head of reablement about the service. We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, one field care supervisor and four care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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 requested some information from the registered manager which we received. The registered manager also sent us information to clarify some of the feedback we had given.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• Staff knew how to recognise abuse and protect people from the risk of abuse. Staff told us when they raised a safeguarding concern this was acted on and records confirmed this.
• The registered manager had reported abuse to safeguarding when it was identified.

Using medicines safely
• Some people were supported with their medicines and care plans included details of the support they required.
• Staff completed medicines training and were checked as competent to administer medicines safely.
• The Medicine Administration Records (MAR's) we saw had been fully and accurately completed, these were audited weekly by the registered manager.
• The registered manager told us people were supported to become as independent as possible with their medicines. For example, the service would encourage people to use technology or dispensing aids, so on withdrawal of the service people could manage their own medicines.
• However, when people were prescribed medicines to be taken 'as required' no protocols were in place to guide staff on the safe use of these medicines in line with current guidance. The providers policy stated 'a specific plan' for these medicines would be included in people's records but it was not. This information is important to ensure staff have sufficient guidance to support people with these medicines safely.

We recommend the provider consider current guidance on supporting people with their 'when required' medicines, and act to update their practice accordingly.

Assessing risk, safety monitoring and management
• Staff understood where people required support to reduce the risk of avoidable harm. Risk assessments were completed with people and contained explanations of the control measures for staff to follow to keep people safe.
• The provider had systems in place to ensure staff were updated on the changed needs and risks in relation to people's care. Supplementary information was added to people's care records where necessary.
• People told us they were safely cared for and one person said "Yes [safe] they [staff] are excellent."
• Accidents and incidents were reviewed for trends. Actions had been taken to prevent a reoccurrence such as staff training, performance management where necessary and an improved system for staff logging in and out of calls.
• Staff lone working were supported by trackers on their phones which meant any concerns with their whereabouts could be safely monitored. Environmental risks in people's homes were assessed to promote the safety of staff and people using the service.

Staffing and recruitment
• The numbers of people supported by the service could change daily. However, the registered manager told us "We always run at (the staff levels) we would need if at full contract volume." They confirmed the staffing levels met people's needs and if needed supervisory staff or the registered manager provided people's care.
• People we spoke with told us they received a mostly reliable service. One person reported a missed visit and we saw the registered manager investigated and addressed any incident of a missed visit. Other people told us they were satisfied with their calls and understood times could be flexible.
• Staff were recruited safely. Most pre-employment checks were carried out as required to prevent the employment of unsuitable staff. However, the provider had not asked candidate's previous employers to verify the reason the person left their employment. This is required when staff have previously worked with children and vulnerable adults. During the inspection the provider added to their reference request.

Preventing and controlling infection
• Procedures were in place and followed to protect people from the spread of infections.
• Staff we spoke with told us they used protective equipment such as gloves and aprons and understood the importance of hand hygiene. This was checked by supervisory staff during spot checks.

Learning lessons when things go wrong
• The registered manager kept a log of learning from incidents and accidents. This detailed the actions taken, the outcome and the learning applied to practice.
• For example; when a pressure sore had gone undetected the registered manager had addressed this with staff who had then completed training. To prevent a reoccurrence, when a person regularly declined personal care the district nurses were to be contacted to carry out skin checks.

Good

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.

At the last inspection this key question was rated as Good. remained the same. 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
• Assessments for people were carried out by the CRT. Due to the focused and short-term nature of the support provided the level of detail in people's needs assessment varied and some contained basic explanations. However, the provider supplemented the information following their initial meetings with the person to check they had all the required information about people's care needs.
• People were asked about their protected characteristics such as their religion or belief, sexual orientation, sex, disability and age. This is important to ensure care and support is delivered in line with equality legislation and helps prevent discriminatory practice.
• The service gave examples of how they supported people with their diverse needs including supporting people by using interpreters: Respecting people's choice for gender of carer which may be due to their cultural and faith beliefs: Meeting people's communication needs when they had a sensory and/or learning disability.
• Care provided was supported by policies and procedures which were based on current legislation and best practice guidance.

Staff support: induction, training, skills and experience
• People and their relatives told us staff were well trained, comments included "Yes, they are all very skilled and professional " and "From what I can see I reckon they are on the ball and trained – one lady was absolutely lovely she really went into detail and she listened to mum and explained everything she was doing and why she was doing it."
• A programme of staff induction and training was in place and monitored for completion. This included topics such as; safeguarding, dementia training and moving and positioning. In addition, staff completed reablement specific training and were required to hold or complete a health and social care qualification to level three. A staff member said, "The training was very detailed, made me feel confident that I can deal with my work".
• Staff received regular unannounced 'spot checks', carried out by supervisory staff. On these occasions, staff were assessed whilst supporting people to check they provided safe, effective and appropriate care.
• Staff told us they received supervision and records confirmed this. The staff we spoke with told us they were supported in their role.

Supporting people to eat and drink enough to maintain a balanced diet
• We did not speak to any people who required support to eat and drink.
• People's nutrition and hydration needs, and risks were assessed and the support they required was included in their care plan. A staff member said "They [dietary needs] are included in support plans or

personal details along with allergies. Or you just speak to people and ask them what they would want".
• Staff completed food hygiene training.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• The service worked with other agencies to achieve good outcomes for people. This included CRT who referred to the service and continued to work alongside the service to deliver people's support plans and goals. Feedback from the CRT was very positive and the head of reablement at the local authority said, "Communication is extremely good, any issues arising requiring changes to a reablement plan they (Numada) respond very quickly and this allows for referrals into other teams."
• Part of the service remit was to assess and review the ongoing care needs of the people they supported so that packages of care could be put in place following the withdrawal of the reablement service. This was achieved in a timely way, so people received a safe and timely transfer to ongoing support, including technological solutions for care needs.
• The service worked with other agencies such as; district nurses, other domiciliary care agencies, the local authority safeguarding team, occupational therapists and GP's to ensure people received the support and healthcare they needed.

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.

We checked whether the service was working within the principles of the MCA.
• People's care plans included a consent document to evidence people had given consent to their care and treatment as described in their support plans and risk assessments. However, we saw two examples of where this consent form had been signed by a person on behalf of the person receiving care. The registered manager told us both these people had the capacity to consent but had requested another person sign. No other person can sign a consent form unless they have the legal authority to do so, there was no information to indicate the reason why the person had not signed themselves or any proof the person signing had the legal authority to do so.
• Following our inspection, the registered manager confirmed they had contacted all staff to remind them of the need to get lawful consent. This was planned to be discussed at the following staff meeting.
• The registered manager told us when people lacked the capacity to make decisions about their care and treatment the CRT carried out a mental capacity assessment and developed the support plans in people's best interests. They confirmed that if concerns arose during care delivered by the service they would contact CRT, adult social services or the person's GP to carry out an assessment. We did not see any examples of this process because the registered manager told us they were not currently supporting people who lacked capacity.
• A policy was in place which explained this process.
• Staff we spoke with were aware of how to care for people in line with the principles of the MCA. Staff were clear on people's rights to make their own decisions whenever possible. One staff member said, "We always

speak about it (MCA) at team meetings as well to remind others and ourselves that we need to give people choice and promote their independence."

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 and their relatives told us staff were kind and caring. Their comments included; "They [staff] are caring, they are taking a pride in what they do." "They are all very lovely and caring" and "They are all kind."
• The registered manager had kept a record of times when staff went 'the extra mile' to provide kind and compassionate care to people. Examples included; providing items for people from staff's own homes to support people's wellbeing. This included; books for a person with a broken TV to relieve boredom, an egg poacher, as person liked poached eggs, clothes and household crockery for people who did not have these. Staff had also provided some basic care for people's pets when needed.
• The service supported a person with a sensory impairment. To ensure the person understood their care plan review, the service used a British Sign Language (BSL) interpreter to check their understanding. The service continued to develop ways of improving communication with this person using pictures. A staff member told us, "I have really enjoyed getting to know [this person] and learning how to communicate with [person]." The service planned to continue to provide this person's care due to the effective relationship they had established and provide continuity for the person.
• Staff spoke warmly about the people they supported, and a staff member said, "I like to chat, sit there and have a conversation with people who feel a little bit lonely and a little bit vulnerable giving them five minutes, so we are not rushing around."

Supporting people to express their views and be involved in making decisions about their care
• People told us they were involved in their care decisions and people's support plans evidenced this.
• A person's relative told us their relative could be resistant to care. They said "When I've been in there they coax her to get up and wash and get changed. The way they communicate with her they seem to coax her into doing it, if she says no they don't push it, the way they explain things she seems to accept it."
• A staff member said "The first time you go in is the most important because people tell you their routines and what they like, how they like their tea etc. and you keep checking with them is this still the same? Or something different? Giving people choice."

Respecting and promoting people's privacy, dignity and independence
• A persons' relative said "They [staff] treat her with dignity and respect when they help her to wash and change her clothes they make sure the door is closed, dignity and privacy is all there. They don't talk down to her, they talk to her as an equal."
• Staff we spoke with knew how to provide dignified and respectful care. The provider checked staff treated people with dignity and respect during observed spot checks.

• The service focused on promoting people's independence. People were supported to regain their skills and capabilities as far as possible following injuries or conditions which had impacted on their lives such as a stroke or a fall. A staff member told us how 'overwhelming' this could be for people and gave an example of how over a six-week period of support a person had recovered their independence and their confidence.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support
• The service did support people at the end of their life but at the time of the inspection no one was receiving this care. The registered manager told us this was 'occasional' rather than usual.
• The service relied on care plans from CRT at this time, this was outlined in the provider's end of life care policy. The provider's policy outlined their responsibilities in contributing to the end of life care plan to make detailed observations during visits and to work in partnership with other agencies and healthcare professionals. We asked whether CRT had in place an end of life care plan and the registered manager clarified they did not.
• The provider's policy referred to the need to ensure people's religious and spiritual preferences were observed and assisted. However, it did not reference all of people's protected characteristics and cultural needs.

We recommend the provider seek advice and guidance from a reputable source to ensure that all the required information for caring for a person at the end of their life is recorded and available when the service is delivering care in these circumstances and update their practice accordingly.

• We saw the service had received compliments from people's friends and relatives about the end of life care given to the person. Comments included; "Thank you to [the service] whose cheerfulness and thoughtful attendance helped to make the end of [person's] life more comfortable.
• Records showed some staff had completed end of life care training as part of the provider's training or at a local hospice.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People's support plans were developed by the referring agency CRT. The support plans we reviewed varied in terms of detail and person-centred information. A staff member told us the guidance available in these support plans were not always sufficiently detailed. However, once they met the person and/or their family they could get more information. The registered manager confirmed a process was in place to add to support plans once they had met the person, or to refer to CRT for further information. Staff we spoke with knew people's needs.
• We saw the information available to staff about people's needs was supplemented by staff notes on staff work schedules. This ensured staff were aware of people's changed needs and preferences in what could a be a fast-changing situation. Staff told us they were also updated through secure email and work phone texts. Progress notes were kept for each visit made.
• People and their relatives we spoke with told us their needs were met. A person said "Yes, they do what

they have to do. They are never rushing." A person's relative told us about the progress their relative had made since receiving the service on discharge from hospital. They told us how other agencies and resources were now in place to continue to meet their relatives care needs.
• Reviews were held with people to assess their progress, outcomes and ongoing support needs. The service supported people to regain independence as far as possible and proactively sought solutions to assist people to retain their independence. For example, a person was using a technological solution to assist them to remain independent with their medication.
• We saw people had written to compliment and thank staff for the care they had received. One person had written "For all those who helped to put me back onto the road of recovery!! Thank you all so much."

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 were assessed and met. The registered manager confirmed that when needed, information was produced in other formats such as large print and pictures to support people to understand information.

Supporting people to develop and maintain relationships to avoid social isolation
• Where required, people were supported and encouraged to engage in activities and interests. The registered manager said, "We do a lot of signposting to activities and clubs, we encourage people to use the Hampshire connect website, we will encourage getting out as much as we can, to go for a walk or out into the garden." They went on to give examples of how they had supported people to join groups to avoid isolation and how they had supported a person looking for employment by picking up information for them.

Improving care quality in response to complaints or concerns
• No one we spoke with had raised a complaint. We saw the complaints procedure was available for people in the service user guide. It contained information about how and to whom people and representatives should make a formal complaint and what they could expect from the provider. The staff we spoke with were clear about their responsibilities in this area.
• We reviewed the complaints received by the service. The registered manager had a system in place to record and monitor complaints through to an outcome. They used this information to identify whether improvements could be made to the service. For example; a complaint had resulted in performance management actions with a staff member. This topic had then been discussed with all staff to remind them of their responsibilities and checks on this were put in place.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

• People were asked their views on the service using an 'end of service' questionnaire issued by the local authority. However, the registered manager felt this was very 'generic' and did not provide useful information, they said, "We are trying to make feedback stronger at service user reviews to get feedback documented there."

• Staff were asked for their views annually. Results were sent to the registered manager and discussed with HR. However, there was no evidence of learning from an analysis of this feedback and any actions arising from this.

We recommend the provider seek advice and guidance on gathering and using feedback from people and staff to ensure their views are considered in the evaluation and development of the service and update their practice accordingly.

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

• The registered manager told us they used staff and one to one meetings to promote a positive culture. This included spending time discussing people's needs and how they could be better met. For example, a staff member asked others for ideas on how best to support a person and this resulted in improved support for the person.

• Minutes of staff meetings showed they were used to remind staff of their responsibilities and to address issues. Following an incident at the service staff morale had been low. However, the registered manager reported the culture had improved and said, "Staff have pulled back together as a team." Staff spoke positively about working in the service and their comments included "I love it" and "Morale is high, everyone enjoys working here."

• People who commented on the management of the service told us they were 'happy' with this and a person's relative said "I am very pleased with the service."

• Staff understood the values of the service to be about promoting people's independence and supporting their recovery as far as possible.

• Staff spoke positively about the registered manager and said they were listened to and well supported.

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 responsibilities under the Duty of Candour and had acted on this.

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

• Services that provide health and social care to people are required to inform CQC of important events that happen at their location in the form of a notification. Important events include accidents, incidents or allegations of abuse. We use this information to monitor the service and to check how events have been handled. We found one incident that had not been notified to CQC. Records confirmed the registered manager reported this concern to the relevant local authority and the incident had been managed appropriately. Other notifications had been submitted as required. The registered manager assured us they would submit all notifications as required in future.

• A quality assurance system was in place to audit and monitor the quality and safety of the service people received. Monthly audits were completed by the registered manager and sent to the director of care. This included information from people's care files, accidents and incidents, missed visits, safeguarding, complaints and staff supervisions, appraisal and training. Actions arising from the audits were completed by the registered manager. For example; the registered manager had developed a 'flash card' to remind staff which documents to complete when a deficit was found in people's records.

• Other monitoring and support visits were carried out by the provider's business, HR, auditing managers, and the director of care.

• The registered manager kept up to date with legislative and regulatory information and changes using updates from a company with this remit, attending training and information from other managers.

Continuous learning and improving care

•The registered manager kept a 'lesson learnt' log. This provided an analysis of incidents to show actions had been taken to prevent a reoccurrence and improve care. This included improvements to systems and processes to support the provision of safe and effective care.

Working in partnership with others

•The service worked with a variety of services to promote positive outcomes for people. This included; the sensory team, a technology service, services supporting people at the end of their life, the fire service, and charities such as the Blue Lamp Trust, a community safety service and the Red Cross bathing service.
In addition, the service worked with occupational therapists, GP's and district nurses and other health care professionals.