

Homecare Northwest Limited

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Inspection report

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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

This inspection took place on 1, 2 and 5 March, 2018 and was announced.

Homecare Northwest Ltd is a domiciliary care agency. It provides care to people living in their own houses and flats in the community. It provides a service to young and older adults. At the time of the inspection the registered provider was providing support to 50 people.

Not everyone using Homecare Northwest Ltd receives regulated activity; the Care Quality Commission only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered provider had a number of quality assurance processes in place. Such measures ensure that people receive a safe level of care and support in relation to their support needs. Different assurance processes included 'spot checks', medication and care plan audits, accident and incident records, 'review meetings' as well as staff and client questionnaires. We did discuss with the deputy manager at the time of the inspection that some areas of quality assurance required improvement.

Medication processes were reviewed during the inspection. People who were being supported with their medication had the relevant care plan and risk assessment in place. People had signed a consent form which allowed care staff to support with medication administration. Care staff had received the relevant medication training and staff were familiar with the health care needs of people they supported. However, we did find a number of medication recording errors which needed to be discussed with the deputy manager at the time of the inspection.

Policies and procedures were reviewed during the inspection. A number of the policies did not contain the correct information in relation to the Health and Social Care Act, 2008. Following the inspection we received copies of all up to date and reviewed policies which contained all the relevant and necessary information.

There was a health and safety policy and procedure that staff were complying with, staff were provided with personal protective equipment (PPE) and they were aware infection prevention control measures which needed to be complied with.

Staff expressed that they were aware of safeguarding and whistleblowing procedures. Staff explained their understanding of such policies and how these could protect people from harm and abuse.

Accident and incidents were routinely recorded and monitored. An accident and incident matrix had been devised as a measure to establish trends and manage any identified risks.

Care plans and risk assessments were reviewed during the inspection. Records contained up to date and relevant information and were reviewed on a monthly basis. Staff expressed that records enabled them to provide the level of support which was required.

Care plans were individually tailored and a 'person centred' approach to care was evident throughout the records we reviewed. People expressed that staff were familiar with their support needs and always provided care and support in a respectful and dignified way.

Recruitment processes were reviewed during the inspection. All staff who were working for the registered provider had suitable references and disclosure barring system checks (DBS) in place. DBS checks ensure that staff who are employed are suitable to work within a health and social care setting. This enables the registered manager to assess level of suitability for working with vulnerable adults.

Staff expressed how they were supported in their roles. Staff received regular supervision and annual appraisals were taking place. Training was regularly provided which helped to equip staff with the necessary skills and qualities which were required.

There was evidence to suggest that the registered provider was operating in line with the principles of the Mental Capacity Act, 2005 (MCA). People who were being supported provided their 'consent' to receive support and were involved in all decisions in relation to the care which was provided.

People's day to day health needs were being supported. Appropriate referrals were taking place; we reviewed correspondence between external healthcare professionals as well as the necessary risk management tools being used to monitor people's health and well-being.

The registered provider was aware of their regulatory responsibilities. They understood that CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notifications procedures. Statutory notifications were being appropriately submitted to CQC as well as the local authority in a timely manner.

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.

Risk assessment were regularly reviewed and contained up to date and relevant information to mitigate the risk to people.

Accident and incidents were recorded and monitored.

There was an Infection prevention control policy in place and staff were aware of the relevant measures which needed to be followed.

Recruitment processes were robust and sufficient staff were employed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Principles of the Mental Capacity Act, 2005 were being followed.

Supervision and appraisals were routinely taking place and staff expressed that they felt supported.

Training was up to date and staff were encouraged to develop their skills and abilities.

People received nutritional and hydration support from the staff who were supporting them.

Is the service caring?

Good ●

The service was caring.

The staff provided kind, compassionate and caring support.

People were treated with dignity and respect.

Confidential and sensitive information was securely stored and well protected.

Is the service responsive?

The service was responsive.

Care records contained person centred information and were tailored to the needs of the individual.

People expressed that staff were responsive to their needs.

There was a formal complaints process in place.

Good ●

Is the service well-led?

The service was well-led.

There was a registered manager in post at the time of the inspection.

The registered provider was responsive to the feedback we provided and updated a number of their quality assurance systems in a timely manner.

Positive feedback was received from people who were being supported by the registered provider.

The registered provider ensured they gathered the view and opinions of the people they were supporting in order to develop and improve the provision of care they provided.

Good ●

Homecare Northwest Limited

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.

The inspection took place on 1, 2 and 5 March, 2018 and was announced.

The registered provider was given 48 hours' notice prior to the inspection visit. Prior notice is provided because the location provides a domiciliary care service and we needed to be sure that staff would be available on the day.

The inspection team consisted of two adult social care inspectors 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.

Before the inspection visit we reviewed the information which was held about Homecare Northwest Ltd. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were being supported. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was received prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the deputy manager, seven people who were being supported, four

relatives and five members of staff. We also spent time reviewing specific records and documents, including four care records of people who were receiving support, four staff personnel files, staff training records, medication administration records and audits, complaints, accidents and incidents, health and safety records, a range of different policies and procedures and other documentation relating to the overall management of the service.

Is the service safe?

Our findings

We received positive comments from people and relatives about the level of safe care and support they received from staff. Comments included "I feel very safe that they [staff] come and see me", "Having a stable team is brilliant" and "Continuity is good." We also received positive feedback from relatives. They expressed "Overall care is excellent, [relative] is safe with the staff as they know [relatives] needs, I'm really happy with the staff."

Appropriate risk assessments and tools were in place according to the person's levels of support need. Each record contained information about the person's general health and well-being, moving and handling risks, mobility, communication, personal care, skin integrity, cognitive functions and nutrition. The level of risk was identified from the outset; risks were reviewed and support measures had been put in place to mitigate risk. For example, one record stated 'Risk of malnutrition, encourage [person] to drink plenty and offer small meals.' This meant staff provided safe care and the correct level of intervention specific to the individual.

Risk assessments were regularly reviewed and contained up to date and relevant information. We reviewed a number of care plans where updates had been recorded. For example, one review highlighted that there had been deterioration in a person's health and well-being and how this needed to be supported. Staff expressed that the level of detail in care records provided them with the correct level of information in relation to support as well as risk which needed to be managed.

Medication processes were reviewed during the inspection. Each person had a medication care plan and a medication consent form was in place. The care plan contained information in relation to the level of medication support which was required, a medication schedule and guidance notes for staff to follow. There was a medication policy in place which was relevant, up to date and provided staff with the correct guidance in relation to medication processes and procedures.

Staff received medication training and 'spot checks' were conducted to ensure staff were familiar with medication administration processes. We did identify a number of recording errors when we reviewed people's medication paperwork. We reviewed medication administration records (MARs) which were in place for people who were being supported with their medication. We identified missing entries on some of the MARs but daily records did confirm that medication was being administered. This meant that staff were administering the required medication but were not completing the necessary medication records.

We did raise this with the deputy manager who confirmed that medication audits had identified areas of improvement. We reviewed medication audits which did identify errors but did not confirm how the errors/issues were being addressed. Following the inspection we received a 'medication error tracker matrix' from the registered provider. The matrix contained information about the type of medication error, staff member involved, how the error occurred, how the medication error was managed and the outcome.

We reviewed staff recruitment records to ensure that staff who were recruited are suitable to work with vulnerable people. We found personnel files to be comprehensive and well maintained. Records included

application forms complete with employment history and qualifications, suitable references, identification, terms and conditions and the appropriate Disclosure and Barring Service (DBS) checks.

We reviewed if the registered provider employed a sufficient number of staff to provide the level of support which was required. People and relatives we spoke with during the inspection expressed that staffing levels were safe and support was always provided as and when it was scheduled to take place.

Accident and incidents were appropriately reported and recorded and staff were familiar with accident/incident processes. Accident and incident records were found in each individual care record as well as being contained in an accident/incident log book. However, there was no system in place to monitor any trends which were occurring. We discussed this with the deputy manager and following the inspection we were provided with evidence of an 'accident/incident' matrix and how and when the information was going to be analysed.

Environmental risk assessments were in place for each person who was being supported. Risk assessments identified potential hazards which needed to be managed outside and within the person's home. The document concentrated on risks in relation to electrical equipment, utilities, infection prevention control, food hygiene and fire risk and escape routes. This level of information provided guidance to staff which needed to be followed.

We reviewed what measures the registered provider had in place to ensure people were protected from infections. There was an infection control policy in place, staff had received training and were provided with personal protective equipment (PPE). Staff were familiar with different infection prevention measures which needed to be followed.

Staff were familiar with 'Safeguarding' and 'whistleblowing' procedures. Staff were able to explain their understanding of 'safeguarding' and how and why they would raise any concerns. Staff explained their understanding of 'whistleblowing' procedures and inappropriate practice which would need to be reported. Staff had received training in relation to the protection of vulnerable adults.

Is the service effective?

Our findings

People and relatives we spoke with during the inspection said the care being provided was effective. Comments we received included "Staff ask if I need anything else", "The staff know what they are doing, very happy" and "I like all my carers, they always ask me what I would like to eat and drink." One relative also expressed "Training seems consistent as the staff are good and very efficient carers."

During the inspection we reviewed if the registered provider was complying with the Mental Capacity Act (2005). The Mental Capacity Act 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.

The care files we reviewed demonstrated that 'consent' had been sought from each person receiving care. This meant that the registered provider was complying with the principles of the MCA and ensured that people were involved in the decisions being made in relation to their support needs. When legally able to do so, relatives were involved in 'Best Interest' decisions in relation to the care and support which was being provided. Staff also received the necessary MCA training.

The registered provider ensured that all new staff completed a thorough induction as part of their probationary period. The induction period consisted of 'shadow' shifts (new staff members shadowing the procedures and practices of more experienced staff) practical training, workbooks and on-line training. Training included person centred care planning, infection control, pressure care awareness, administration of medication, food and nutrition, safeguarding, dementia awareness, moving and handling and Mental Capacity Act, 2005. Staff expressed that the training was beneficial, helped equip them with the necessary skills and provided them with knowledge and information which was required.

Staff expressed that they felt supported by the registered manager; staff received regular supervisions and annual appraisals. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role. Comments we received from staff included, "It's one of the best jobs I've had, I have training all the time, it's on-going", "I'm completely supported, there's regular training" and "I've had lots of training and support, we also have 'spot checks to make sure work is up to scratch."

Communication systems were reviewed during the Inspection. Staff expressed that there was varying levels of communication in place which meant they were always updated with significant information. Daily records were updated during each visit, 'memos' were circulated amongst the staff team and care plans and risk assessments were regularly reviewed and updated. Staff expressed "Communication is great", "There's lots of communication" and "We receive updates 100%, that helps me do my job right."

Care files held correspondence and referrals which had taken place to external healthcare professionals. We saw evidence of GP support, chiropodist visits and district nurse support. This meant the people were

receiving holistic level of care and support which could help with their overall quality of life.

People were supported with their nutrition and hydration support needs. There was a 'food and drink' care plan in place which highlighted the person's preferences, likes and dislikes. For example, One care plan we reviewed stated 'Food and drink prepared by carer, make [person] breakfast, usually cereal with lots of milk and a tea with 2-3 sugars and milk'. One person we spoke with also expressed "I'm always asked what I would like to eat or drink."

Is the service caring?

Our findings

We received positive comments from the people and relatives we spoke with during the inspection about the care which was provided. Comments we received from people who were being supported included "Very caring staff, cannot do enough for me", "Staff respect me and my home", "Staff and office staff listen to my needs" and "All staff are very caring and understanding." Relatives also expressed "Fabulous carers, really happy with the carers."

People's communication needs were considered throughout the care plans. This included details about sensory loss and gave clear guidance to staff regarding each person's individual needs and how they needed to be met. For example, care plans we reviewed stated 'Very hard of hearing, carers must communicate face to face and speak loudly'.

Staff expressed that they received regular updates in relation to the health and well-being of the people they were supporting. Staff were familiar with individual support needs and expressed that the continuity of care helped them develop positive relationships with the people who were being supported.

During the inspection we asked staff how they provided dignified and respectful care to the people they were supporting. Comments we received included "It's all about their choice, you have to respect that" and "We provide care with as much dignity and respect as possible, we cover people with towels (when providing personal care) don't leave people just sitting there, talk them through the process." One relative also expressed "They [staff] really do care, they treat [relative] with respect."

For people who did not have any family or friends to represent them, contact details for a local advocacy service were provided from the outset. An advocate is someone who can support vulnerable people with day to day decisions which need to be made in relation to their health and well-being. At the time of the inspection there was nobody being supported by a local advocate.

During the inspection we reviewed how confidential information was managed. All confidential information was safely secured at the registered address. The 'registered address is the address which has been registered with CQC. This meant that people's sensitive and confidential information was being appropriately protected and not being unnecessarily shared with others.

A 'Service User Guide' was provided to each person who was receiving support from the registered provider. The guide contained information about the support which could be expected, the registered providers aims, objectives and philosophy, recruitment and training of employees, quality of the service provided, complaints and suggestions, confidentiality and privacy and dignity. People and relatives we spoke with during the inspection were familiar with the 'Service User Guide' and some of its content.

Is the service responsive?

Our findings

People and relatives informed us that staff provided a responsive level of care and support which was needed. Comments we received included "My views and likes and dislikes are taken into account", "Having the care staff encouraging me to do as much as I can is a good thing to keep me active", "I was involved in the care plan and reviews and "Staff and office staff listen to my needs."

Information about each person was gathered at the assessment stage. This provided staff with a good level of detail in relation to the care and support which was required. Care plans contained information in relation to the level of support each person needed. We reviewed information about each person in relation to 'general information', communication levels, health needs assessment, mental health support, personal hygiene, food and drink support and medication support.

People's specific needs in relation to equality and diversity were supported by the registered provider from the outset. Care plans demonstrated that people's needs were considered during their assessment and in preparation of their care plans. Protected characteristics (characteristics which are protected from discrimination) were considered and included age, disability, and religion.

Records were person centred and tailored to the person. Staff explained that they completed 'shadow' shifts as part of their induction; they were introduced to the person before any support was provided and they would ensure that they were familiar with care plans and risk assessments which were in place. Examples of person centred care included '[Person] is independent and wishes to remain as independent as possible', '[Person] would like to get partially dressed, usually wears a vest and a blouse', '[Person] would like support with personal care and [staff] to make bed and open curtains' and 'Assist with full body wash and dressing, if [person] is staying in bed [person] likes to be partly dressed. This level of information meant that people were receiving a level of care which was individually tailored to their support needs.

Care records demonstrated how staff were responsive to people's varying levels of support needs. For example in one care record we reviewed staff could familiarise themselves with the extra support which was needed due to a decline in a person's health and well-being. Staff expressed that the continuity of care enabled them to develop relationships with the people they were supporting which enabled them to develop a good understanding of support needs and personally traits. One member of staff explained "We've got really good relationships-get to know their wants and needs." Another member of staff expressed "The continuity of care is good; we know them [people] well."

There was a formal complaints policy in place. The information was clear and people and relatives told us they were familiar with the process. Comments we received regarding the complaints process included "Any issues are dealt with", "Any concerns I would call the office" and "Any issues I would tell my carer." At the time of the inspection there were no complaints being investigated. However, we were provided with evidence of previous complaints which had been acknowledged, appropriately reviewed and sufficiently managed.

We asked the deputy manager if 'End of Life' care was being provided to people they were supporting. We were informed that there was nobody being supported with 'End of Life' care at the time of the inspection. End of Life' care is provided in a specialist way, to people who are at the end stages of life.

Is the service well-led?

Our findings

People and relatives were complimentary about the registered provider. Comments we received included "Amazing Company", "Extremely happy" and "All staff very approachable." There was a registered manager at the time of the inspection. The registered manager had been registered with the Care Quality Commission (CQC) since October, 2015.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. As this inspection was the first inspection since provider registered with CQC there were no ratings to display. Following the receipt of the final inspection report the registered provider will be required to display their ratings at the registered address as well as on the registered provider's website.

We reviewed a range of different policies and procedures which were in place at the time of the inspection. A number of the policies did not contain the relevant information in relation to the Health and Social Care Act, (HSCA) 2008. Some of the policy information was out dated and did not reference the current HSCA, 2008. Staff also expressed that they were not familiar with where they could access the policies. We raised this with the deputy manager at the time of the inspection who immediately responded to the feedback. The deputy manager updated the necessary policies and informed staff of where the policies were located.

The registered provider had a variety of different internal audits, tools and quality assurance checks in place. These helped to monitor and assess the quality and standard of care being provided. Different measures which were in place included care plan audits, medication audits, 'spot checks' during scheduled visits, medication error trackers, accident/incidents records and client/staff surveys. Although a number of measures were in place we did identify that some of the audits/tools did not evidence how improvements would be made or how lessons could be learnt. Following the inspection we were provided with new paperwork which addressed how trends were going to be established in relation to accident/incidents and medication errors. This meant that data could be analysed and the registered provider could take the necessary actions.

All staff received regular 'memo's' which provided them with significant information in relation to a number of areas. Information included in the 'memo's' included the quality of care being provided, people who were being supported, monthly audit feedback, personal protective equipment, staff training, emergency information and medication administration information. However, the staff we spoke with during the inspection confirmed that team meetings did not regularly take place. We discussed this with the deputy manager who agreed that team meetings did need to be scheduled more frequently.

The registered provider ensured that the quality and standard of care was being reviewed and assessed as a measure to monitor the quality of care being provided. 'Spot Checks', 'client reviews' and observations were randomly completed on all staff who were providing care. The 'Spot check' template focused on welfare of the person being supported, medication management, care plan records, arrival and punctuality,

appearance of the staff member, attitude of the staff member and practical support which is provided. This meant that staff were consistently being observed in relation to the standard of care which was expected.

During the inspection we reviewed an audit which had been conducted by the Local Authority in August 2017. The audit concentrated on quality assurance and the quality and standard of care which was being provided. The local authority identified that there was two areas of improvement which needed to be concentrated on. These included the frequency of supervision staff members were receiving and refresher training which needed to be provided to some of the staff team. An action plan was devised following the visit and the 'actions' which were identified had been completed by the deadline dates specified.

During the inspection we found the deputy manager to be approachable and responsive to the feedback we provided. Staff expressed that they felt thoroughly supported by the management team, comments we received included "They [managers] listen to our wants and needs", "It's very well-led", "We're listened to and responded to", "They're a great employer" and "It's one of the best jobs I've ever had." We also reviewed several of the staff questionnaires which had recently been returned. Staff questionnaires are circulated on an annual basis and help the registered provider to gauge and understand the views, opinions and thoughts of the staff team. Some of the comments we reviewed included 'There's an open culture, we're treated fairly', 'Feel valued and respected', 'I have had nothing but support', 'It's a good place to work, they [managers] value their employees and want the best for their clients.'

'Client Surveys' were also circulated and we were able to review some of the feedback which had been returned. Comments included 'We are very pleased with the care provided, always efficient and lovely', 'We are very pleased with every aspect of care provided, all the staff are courteous, kind, compassionate and caring', 'Carers go out of their way to be helpful and friendly' and 'No job is too small or too large-whatever I have asked to be done has been done with efficiency and friendliness'. The registered provider had analysed the information which had been returned, devised visual diagrams to establish trends and provided staff with information via the internal 'memo' system.

The registered provider had an up to date 'Business Continuity Plan' (BCP) in place. This is a plan which has been devised to help ensure that processes are in place in the event of an emergency situation. The BCP contained information and guidance which could be followed in the event of different emergency situations.